Bark only please

94606

Access DB# _____

SEARCH REQUEST FORM

RECEIVED

Scientific and Technical Information Center

Requester's Full Name: Dwayne C Jones Examiner #: 79299 Date: 21 MAY 03

Art Unit: 1614 Phone Number 30 8-4634 Serial Number: 09/718,290

Mail Box and Bldg/Room Location: 2007, CM1 Results Format Preferred (circle): PAPER DISK E-MAIL

2001, CM2

If more than one search is submitted, please prioritize searches in order of need.

****

Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc, if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: _____

Inventors (please provide full names): Michael Wyllie

Earliest Priority Filing Date: 09 FEB 2000

**For Sequence Searches Only* Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.*

Please search claim 1, 4, 7 and the method claim of 29

****

STAFF USE ONLY	Type of Search	Vendors and cost where applicable
Searcher: _____	NA Sequence (#)_____	STN 3a-9
Searcher Phone #: _____	AA Sequence (#)_____	Dialog _____
Searcher Location: _____	Structure (#) _____	Questel/Orbit _____
Date Searcher Picked Up: _____	Bibliographic _____	Dr.Link _____
Date Completed: 6-4-03	Litigation _____	Lexis/Nexis _____
Searcher Prep & Review Time: 20	Fulltext _____	Sequence Systems _____
Clerical Prep Time: _____	Patent Family _____	WWW/Internet _____
Online Time: 76	Other _____	Other (specify)_____

PTO-1590 (8-01)

STIC Search Report
Biotech-Chem Library

STIC Database Tracking Number: 94606

TO: Dwayne C Jones **Location: mail 2D01; room 2D07** **Art Unit: 1614** **Wednesday, June 04, 2003** **Case Serial Number: 778290**	**From: Barb O'Bryen** **Location: Biotech-Chem Library** **CM1-6A05** **Phone: 308-4291** BOB **barbara.obryen@uspto.gov**

Search Notes

STIC SEARCH RESULTS FEEDBACK FORM

Biotech-Chem Library

Questions about the scope or the results of the search? Contact ***the searcher or contact:***

Mary Hale, Information Branch Supervisor
308-4258, CM1-1E01

Voluntary Results Feedback Form

- *I am an examiner in Workgroup:* ☐ *Example: 1610*
- *Relevant prior art **found**, search results used as follows:*
  - ☐ 102 rejection
  - ☐ 103 rejection
  - ☐ Cited as being of interest.
  - ☐ Helped examiner better understand the invention.
  - ☐ Helped examiner better understand the state of the art in their technology.

Types of relevant prior art found:

- ☐ Foreign Patent(s)
- ☐ Non-Patent Literature
  (journal articles, conference proceedings, new product announcements etc.)

- *Relevant prior art **not found:***
  - ☐ Results verified the lack of relevant prior art (helped determine patentability).
  - ☐ Results were not useful in determining patentability or understanding the invention.

Comments:

Drop off or send completed forms to STIC/Biotech-Chem Library CM1 – Circ. Desk

```
=> e ADRENERGIC ALPHA-ANTAGONISTS+all/ct
E1            0   BT6   D Chemicals and Drugs/CT
E2            0    BT5   Chemical Actions and Uses/CT
E3            0     BT4   Chemical Actions/CT
E4            0    BT5   D Chemicals and Drugs/CT
E5            0     BT4   Neurotransmitters and Neurotransmitter Agents/CT
E6           66      BT3   Neurotransmitter Agents/CT
E7          723       BT2   Adrenergic Agents/CT
E8          442        BT1   Adrenergic Antagonists/CT
E9        10288         -->   Adrenergic alpha-Antagonists/CT
E10       10288         MN    D14.100.50.200.100./CT
E11       10288         MN    D27.505.583.50.200.100./CT
                         DC    an INDEX MEDICUS major descriptor
                         NOTE  Drugs that bind to but do not activate
                               alpha-adrenergic receptors thereby blocking the
                               actions of endogenous or exogenous adrenergic
                               agonists. Adrenergic alpha-antagonists are used
                               in the treatment of hypertension, vasospasm,
                               peripheral vascular disease, shock, and
                               pheochromocytoma.
                         INDX  GEN or unspecified; prefer specifics; do not
                               confuse with ADRENERGIC ALPHA-AGONISTS; DF:
                               ADREN ALPHA ANTAG
                         AQ    AD AE AN BL CF CH CL CS CT DU EC HI IM IP ME PD
                               PK PO RE SD ST TO TU UR
                         PNTE  Sympatholytics (1966-1968)
                         HNTE  95; was ADRENERGIC ALPHA RECEPTOR BLOCKADERS
                               1969-94 (Prov 1969-72)
                         ONTE  use ADRENERGIC ALPHA-ANTAGONISTS to search
                               ADRENERGIC ALPHA RECEPTOR BLOCKADERS 1969-94 (as
                               Prov 1969-72)
                         MHTH  NLM (1969)
E12           0          UF    ADREN ALPHA ANTAG/CT
E13           0          UF    Adrenergic alpha Antagonists/CT
E14           0          UF    Adrenergic alpha Blockers/CT
E15           0          UF    Adrenergic alpha Receptor Blockaders/CT
E16           0          UF    Adrenergic alpha-Blockers/CT
E17           0          UF    Adrenergic alpha-Receptor Blockaders/CT
E18           0          UF    Agents, alpha-Adrenergic Blocking/CT
E19           0          UF    Blockaders, Adrenergic alpha-Receptor/CT
E20           0          UF    Blockaders, alpha-Adrenergic Receptor/CT
E21           0          UF    Blockers, alpha-Adrenergic/CT
E22           0          UF    Blocking Agents, alpha-Adrenergic/CT
E23           0          UF    Receptor Blockaders, alpha-Adrenergic/CT
E24           0          UF    alpha Adrenergic Blockers/CT
E25           0          UF    alpha Adrenergic Blocking Agents/CT
E26           0          UF    alpha Adrenergic Receptor Blockaders/CT
E27           0          UF    alpha Blockers, Adrenergic/CT
E28           0          UF    alpha-Adrenergic Blockers/CT
E29           0          UF    alpha-Adrenergic Blocking Agents/CT
E30           0          UF    alpha-Adrenergic Receptor Blockaders/CT
E31           0          UF    alpha-Antagonists, Adrenergic/CT
E32           0          UF    alpha-Blockers, Adrenergic/CT
E33           0          UF    alpha-Receptor Blockaders, Adrenergic/CT
E34         439          NT1   Dibenamine/CT
E35         954          NT1   Dihydroergotoxine/CT
E36         512           NT2   Ergoloid Mesylates/CT
E37         645          NT1   Doxazosin/CT
E38         512          NT1   Ergoloid Mesylates/CT
E39        1131          NT1   Idazoxan/CT
E40         202          NT1   Indoramin/CT
```

α adrenergic antagonists according to Medline

E41	1474	NT1	Labetalol/CT
E42	1428	NT1	Mianserin/CT
E43	265	NT1	Moxisylyte/CT
E44	296	NT1	Nicergoline/CT
E45	4513	NT1	Phenoxybenzamine/CT
E46	8184	NT1	Phentolamine/CT
E47	150	NT1	Piperoxan/CT
E48	6270	NT1	Prazosin/CT
E49	645	NT2	Doxazosin/CT
E50	4551	NT1	Quinidine/CT
E51	816	NT1	Tolazoline/CT
E52	4528	NT1	Yohimbine/CT

********* END***

```
=> e e31+all
E1            0   BT6   D Chemicals and Drugs/CT
E2            0    BT5   Chemical Actions and Uses/CT
E3            0     BT4   Chemical Actions/CT
E4            0    BT5   D Chemicals and Drugs/CT
E5            0     BT4   Neurotransmitters and Neurotransmitter Agents/CT
E6           66      BT3   Neurotransmitter Agents/CT
E7          802       BT2   Cholinergic Agents/CT
E8         1379        BT1   Cholinergic Antagonists/CT
E9         3097         -->   Muscarinic Antagonists/CT
E10        3097         MN    D14.100.120.200.500./CT
E11        3097         MN    D27.505.583.120.200.500./CT
                         DC    an INDEX MEDICUS major descriptor
                         NOTE  Drugs that bind to but do not activate
                               muscarinic cholinergic receptors (RECEPTORS,
                               MUSCARINIC), thereby blocking the actions of
                               endogenous acetycholine or exogenous agonists.
                               Muscarinic antagonists have widespread effects
                               including actions on the iris and ciliary muscle
                               of the eye,  the heart and blood vessels,
                               secretions of the respiratory tract, GI system,
                               and salivaryglands, GI motility, urinary bladder
                               tone, and the  central nervous system.
                               Antagonists that discriminate among the various
                               muscarinic receptor subtypes and might allow
                               better control of peripheral and central actions
                               are under development.
                         INDX  GEN or unspecified; prefer specifics; DF:
                               MUSCARINIC ANTAG
                         AQ    AD AE AN BL CF CH CL CS CT DU EC HI IM IP ME PD
                               PK PO RE SD ST TO TU UR
                         PNTE  Parasympatholytics (1966-1994)
                         HNTE  95; ANTIMUSCARINIC AGENTS was see
                               PARASYMPATHOLYTICS 1969-94
                         ONTE  use PARASYMPATHOLYTICS to search ANTIMUSCARINIC
                               AGENTS 1969-94
                         MHTH  NLM (1995)
E12           0          UF    Agents, Antimuscarinic/CT
E13           0          UF    Antagonists, Muscarinic/CT
E14           0          UF    Antimuscarinic Agents/CT
E15           0          UF    MUSCARINIC ANTAG/CT
E16       20760          NT1   Atropine/CT
E17        1059           NT2   Atropine Derivatives/CT
E18        1323            NT3   Ipratropium/CT
E19         499          NT1   Benactyzine/CT
E20         553          NT1   Benztropine/CT
E21         325          NT1   Biperiden/CT
E22         291          NT1   Butylscopolammonium Bromide/CT
E23         221          NT1   Cyclopentolate/CT
E24         109          NT1   Dexetimide/CT
E25         127          NT1   Dicyclomine/CT
E26         116          NT1   Emepronium/CT
E27         478          NT1   Glycopyrrolate/CT
E28         334          NT1   Orphenadrine/CT
E29         111          NT1   Oxyphenonium/CT
E30        3192          NT1   Pirenzepine/CT
E31         153          NT1   Procyclidine/CT
E32         503          NT1   Propantheline/CT
E33         107          NT1   Propylbenzilylcholine Mustard/CT
E34        4551          NT1   Quinidine/CT
E35        1967          NT1   Quinuclidinyl Benzilate/CT
```

muscarinic antagonists according to Medline

E36	4678	NT1	Scopolamine/CT
E37	1138	NT2	Scopolamine Derivatives/CT
E38	291	NT3	Butylscopolammonium Bromide/CT
E39	833	NT3	N-Methylscopolamine/CT
E40	642	NT1	Trihexyphenidyl/CT
E41	283	NT1	Tropicamide/CT
E42	9615	RT	Parasympatholytics/CT

********* END***

TITLE: The pharmacological treatment of urinary incontinence.
AUTHOR: Andersson K E; Appell R; Cardozo L D; Chapple C; Drutz H P; Finkbeiner A E; Haab F; Vela Navarrete R
CORPORATE SOURCE: The Department of Clinical Pharmacology, Lund University Hospital, Lund, Sweden.. Karl-Erik.Andersson@klinfarm.lu.se
SOURCE: BJU INTERNATIONAL, (1999 Dec) 84 (9) 923-47. Ref: 280
Journal code: DCU; 100886721. ISSN: 1464-4096.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW LITERATURE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200001
ENTRY DATE: Entered STN: 20000204
Last Updated on STN: 20000204
Entered Medline: 20000127

L118 ANSWER 2 OF 73 MEDLINE DUPLICATE 4
ACCESSION NUMBER: 94167741 MEDLINE
DOCUMENT NUMBER: 94167741 PubMed ID: 7907192
TITLE: Effects of intravesically administered anticholinergics, beta-adrenergic stimulant and alpha-adrenergic blocker on bladder function in unanesthetized rats.
AUTHOR: Ukimura O
CORPORATE SOURCE: Department of Urology, Kyoto Prefectural University of Medicine.
SOURCE: TOHOKU JOURNAL OF EXPERIMENTAL MEDICINE, (1993 Aug) 170 (4) 251-60.
Journal code: VTF; 0417355. ISSN: 0040-8727.
PUB. COUNTRY: Japan
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199404
ENTRY DATE: Entered STN: 19940412
Last Updated on STN: 19950206
Entered Medline: 19940405

AB Comparative analysis of the effects of intravesical instillation of drugs on urodynamic parameters (MVP, maximum intravesical pressure; RR, residual rate; BC, bladder capacity) was performed using an experimental model in unanesthetized rats. The drugs investigated in this study were atropine (7.2 x 10(-4)-7.2 x 10(-2) M), propantheline (7.2 x 10(-3)-2.2 x 10(-2) M), **oxybutynin** (2.5 x 10(-3)-2.5 x 10(-2) M), isoproterenol (5 x 10(-2)-10(-1) M) and prazosin (5 x 10(-4) M). Of the anticholinergics, propantheline and **oxybutynin** showed a remarkable suppression of MVP accompanied with a consistent increase of RR and BC in a dose-dependent manner. Atropine showed, however, no suppression of MVP in spite of a significant change of RR and BC. Isoproterenol suppressed MVP with an increase of RR and BC in a dose-dependent manner at a relatively high concentration. Prazosin increased BC and RR at a relatively low concentration. This study revealed that these intravesical drugs have the ability to suppress spontaneous bladder contraction in unanesthetized rats and to change the micturition function in the urinary filling and storage phases. It is expected that intravesical instillation therapy for detrusor hyperreflexia will be improved in the future based upon the data obtained.

L118 ANSWER 3 OF 73 MEDLINE
ACCESSION NUMBER: 2001145109 MEDLINE
DOCUMENT NUMBER: 20567028 PubMed ID: 11114562
TITLE: Advancements in pharmacologic management of the overactive bladder.
AUTHOR: Dmochowski R R; Appell R A

```
=> fil reg
FILE 'REGISTRY' ENTERED AT 10:27:52 ON 04 JUN 2003
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
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Property values tagged with IC are from the ZIC/VINITI data file
provided by InfoChem.

STRUCTURE FILE UPDATES:    3 JUN 2003  HIGHEST RN 524916-37-8
DICTIONARY FILE UPDATES:   3 JUN 2003  HIGHEST RN 524916-37-8

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 6, 2003

  Please note that search-term pricing does apply when
  conducting SmartSELECT searches.

Crossover limits have been increased.  See HELP CROSSOVER for details.

Experimental and calculated property data are now available.  See HELP
PROPERTIES for more information.  See STNote 27, Searching Properties
in the CAS Registry File, for complete details:
http://www.cas.org/ONLINE/STN/STNOTES/stnotes27.pdf

=> e tetrazosin/cn
E1            1     TETRAZOMINE DIHYDROCHLORIDE/CN
E2            1     TETRAZONE/CN
E3            0 --> TETRAZOSIN/CN   assumed inventor meant terazosin
E4            1     TETRAZOTIZED 3,3'-DICHLOROBENZIDINE/CN
E5            1     TETRAZOTIZED 4,4'-DIAMINO STILBENE/CN
E6            1     TETRAZOTIZED 4,4'-DIAMINO-2,2',5,5'-TETRAMETHYLTRIPHENYLMETH
                    ANE/CN
E7            1     TETREHYMANOL/CN
E8            1     TETREN/CN
E9            1     TETRENE/CN
E10           1     TETRENOLIN/CN
E11           1     TETRETHYL/CN
E12           1     TETRETHYLENE GLYCOL DIMETHACRYLATE-N-VINYLCARBAZOLE COPOLYME
                    R/CN
```

```
=> fil capl; d que 133
FILE 'CAPLUS' ENTERED AT 11:57:03 ON 04 JUN 2003
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```



```
FILE COVERS 1907 - 4 Jun 2003  VOL 138 ISS 23
FILE LAST UPDATED: 3 Jun 2003  (20030603/ED)

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.


L4            1 SEA FILE=REGISTRY ABB=ON  210538-44-6
L5            3 SEA FILE=REGISTRY ABB=ON  DOXAZOSIN?/CN
L6            3 SEA FILE=REGISTRY ABB=ON  TERAZOSIN?/CN
L7            1 SEA FILE=REGISTRY ABB=ON  ABANOQUIL/CN
L8            5 SEA FILE=REGISTRY ABB=ON  PRAZOSIN?/CN
L9            5 SEA FILE=REGISTRY ABB=ON  INDORAMIN?/CN
L10           2 SEA FILE=REGISTRY ABB=ON  DARIFENACIN?/CN
L11           2 SEA FILE=REGISTRY ABB=ON  TOLTERODINE?/CN
L12           3 SEA FILE=REGISTRY ABB=ON  OXYBUTYNIN?/CN
L13        2860 SEA FILE=CAPLUS ABB=ON  ADRENOCEPTOR ANTAGONISTS+OLD/CT(L)ALPHA

L14        1702 SEA FILE=CAPLUS ABB=ON  ALPHA(L)(ADRENOCEPTOR ANTAGONIST#)/OBI

L15        2879 SEA FILE=CAPLUS ABB=ON  (L4 OR L5 OR L6 OR L7 OR L8 OR L9)
L16        2566 SEA FILE=CAPLUS ABB=ON  (DOXAZOSIN# OR TETRAZOSIN# OR TERAZOSIN
                # OR ABANOQUIL# OR PRAZOSIN# OR INDORAMIN#)/OBI
L17        1465 SEA FILE=CAPLUS ABB=ON  MUSCARINIC ANTAGONISTS+OLD/CT
L18        1859 SEA FILE=CAPLUS ABB=ON  MUSCARINIC(2A)ANTAGONIST#/OBI
L19         472 SEA FILE=CAPLUS ABB=ON  (L10 OR L11 OR L12)
L20         479 SEA FILE=CAPLUS ABB=ON  (DARIFENACIN# OR TOLTERODIN# OR
                OXYBUTYNIN#)/OBI
L21       27544 SEA FILE=CAPLUS ABB=ON  DRUG INTERACTIONS+OLD/CT
L22        1888 SEA FILE=CAPLUS ABB=ON  DRUG DELIVERY SYSTEMS+OLD/CT(L)COMBIN?

L32       27544 SEA FILE=CAPLUS ABB=ON  DRUG INTERACTIONS+NT/CT OR L21
L33           5 SEA FILE=CAPLUS ABB=ON  (L13 OR L14 OR L15 OR L16) AND (L17 OR
                L18 OR L19 OR L20) AND (L22 OR L32)


=> fil medl; d que 159; d que 167; d que 176; d que 184; d que 185

FILE 'MEDLINE' ENTERED AT 11:57:04 ON 04 JUN 2003

 FILE LAST UPDATED: 3 JUN 2003 (20030603/UP).  FILE COVERS 1958 TO DATE.

 On April 13, 2003, MEDLINE was reloaded.  See HELP RLOAD for details.
```

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2003 vocabulary. See http://www.nlm.nih.gov/mesh/changes2003.html for a description on changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

L4	1	SEA FILE=REGISTRY ABB=ON	210538-44-6
L5	3	SEA FILE=REGISTRY ABB=ON	DOXAZOSIN?/CN
L6	3	SEA FILE=REGISTRY ABB=ON	TERAZOSIN?/CN
L7	1	SEA FILE=REGISTRY ABB=ON	ABANOQUIL/CN
L8	5	SEA FILE=REGISTRY ABB=ON	PRAZOSIN?/CN
L9	5	SEA FILE=REGISTRY ABB=ON	INDORAMIN?/CN
L10	2	SEA FILE=REGISTRY ABB=ON	DARIFENACIN?/CN
L11	2	SEA FILE=REGISTRY ABB=ON	TOLTERODINE?/CN
L12	3	SEA FILE=REGISTRY ABB=ON	OXYBUTYNIN?/CN
L36	6827	SEA FILE=MEDLINE ABB=ON	(L4 OR L5 OR L6 OR L7 OR L8 OR L9)
L37	6643	SEA FILE=MEDLINE ABB=ON	DOXAZOSIN/CT OR PRAZOSIN/CT
L38	529	SEA FILE=MEDLINE ABB=ON	TETRAZOSIN# OR TERAZOSIN# OR HYTRIN# OR A45975 OR A 45975 OR ABANOQUIL OR UK52046 OR UK 52046
L39	283	SEA FILE=MEDLINE ABB=ON	INDORAMIN# OR WY21901 OR WY 21901
L40	475	SEA FILE=MEDLINE ABB=ON	(L10 OR L11 OR L12)
L41	652	SEA FILE=MEDLINE ABB=ON	DARIFEN!CIN# OR TOLTERODIN# OR DETROL OR OXYBUTYNIN# OR CYSTRIN# OR OXYTROL#
L59	4	SEA FILE=MEDLINE ABB=ON	(L36 OR L37 OR L38 OR L39) AND (L40 OR L41)

L53	10288	SEA FILE=MEDLINE ABB=ON	ADRENERGIC ALPHA-ANTAGONISTS/CT
L54	3097	SEA FILE=MEDLINE ABB=ON	MUSCARINIC ANTAGONISTS/CT
L63	9197	SEA FILE=MEDLINE ABB=ON	L53(L)(AD OR PD OR PK OR TU)/CT
L64	2414	SEA FILE=MEDLINE ABB=ON	L54(L)(AD OR PD OR PK OR TU)/CT
L66	105405	SEA FILE=MEDLINE ABB=ON	DRUG COMBINATIONS+NT/CT OR DRUG THERAPY, COMBINATION/CT
L67	3	SEA FILE=MEDLINE ABB=ON	L63 AND L64 AND L66

L35	885	SEA FILE=MEDLINE ABB=ON	RECEPTORS, ADRENERGIC, ALPHA+NT/CT(L)AI/CT
L46	37197	SEA FILE=MEDLINE ABB=ON	ADRENERGIC ALPHA-ANTAGONISTS+NT/CT
L47	40225	SEA FILE=MEDLINE ABB=ON	MUSCARINIC ANTAGONISTS+NT/CT
L66	105405	SEA FILE=MEDLINE ABB=ON	DRUG COMBINATIONS+NT/CT OR DRUG THERAPY, COMBINATION/CT
L74	682	SEA FILE=MEDLINE ABB=ON	L66/MAJ
L76	.2	SEA FILE=MEDLINE ABB=ON	(L35 OR L46) AND L47 AND L74

L35	885	SEA FILE=MEDLINE ABB=ON	RECEPTORS, ADRENERGIC, ALPHA+NT/CT(L)AI/CT
L46	37197	SEA FILE=MEDLINE ABB=ON	ADRENERGIC ALPHA-ANTAGONISTS+NT/CT
L47	40225	SEA FILE=MEDLINE ABB=ON	MUSCARINIC ANTAGONISTS+NT/CT
L66	105405	SEA FILE=MEDLINE ABB=ON	DRUG COMBINATIONS+NT/CT OR DRUG THERAPY, COMBINATION/CT
L69	32753	SEA FILE=MEDLINE ABB=ON	L46(L)(AD OR PD OR PK OR TU)/CT
L70	32995	SEA FILE=MEDLINE ABB=ON	L47(L)(AD OR PD OR PK OR TU)/CT
L79	4551	SEA FILE=MEDLINE ABB=ON	QUINIDINE/CT
L80	32861	SEA FILE=MEDLINE ABB=ON	(L35 OR L46) NOT L79
L81	35674	SEA FILE=MEDLINE ABB=ON	L47 NOT L79
L82	32	SEA FILE=MEDLINE ABB=ON	L80 AND L81 AND L66

'subheading AI = antagonists & inhibitors

— Medline considers this an α_1 adrenergic receptor antagonist & a muscarinic antagonist, so I had to remove it from the answer set

```
L84          5 SEA FILE=MEDLINE ABB=ON  L69/MAJ AND L70/MAJ AND L82


L35        885 SEA FILE=MEDLINE ABB=ON  RECEPTORS, ADRENERGIC, ALPHA+NT/CT(L)A
               I/CT
L46      37197 SEA FILE=MEDLINE ABB=ON  ADRENERGIC ALPHA-ANTAGONISTS+NT/CT
L47      40225 SEA FILE=MEDLINE ABB=ON  MUSCARINIC ANTAGONISTS+NT/CT
L66     105405 SEA FILE=MEDLINE ABB=ON  DRUG COMBINATIONS+NT/CT OR DRUG
               THERAPY, COMBINATION/CT
L79       4551 SEA FILE=MEDLINE ABB=ON  QUINIDINE/CT
L80      32861 SEA FILE=MEDLINE ABB=ON  (L35 OR L46) NOT L79
L81      35674 SEA FILE=MEDLINE ABB=ON  L47 NOT L79
L82         32 SEA FILE=MEDLINE ABB=ON  L80 AND L81 AND L66
L85          1 SEA FILE=MEDLINE ABB=ON  GENERAL REVIEW/DT AND L82


=> s l59 or l67 or l76 or l84 or l85

L139        14 L59 OR L67 OR L76 OR L84 OR L85

=> fil embase; d que l107;d que l113

FILE 'EMBASE' ENTERED AT 11:57:06 ON 04 JUN 2003
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 FILE COVERS 1974 TO 29 May 2003 (20030529/ED)

 EMBASE has been reloaded. Enter HELP RLOAD for details.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


L86        5910 SEA FILE=EMBASE ABB=ON  ALPHA ADRENERGIC RECEPTOR BLOCKING
               AGENT/CT
L88        2306 SEA FILE=EMBASE ABB=ON  DOXAZOSIN/CT OR DOXAZOSIN DERIVATIVE/CT
                OR DOXAZOSIN MESYLATE/CT
L89        1452 SEA FILE=EMBASE ABB=ON  TERAZOSIN/CT
L90          37 SEA FILE=EMBASE ABB=ON  ABANOQUIL/CT
L91       16803 SEA FILE=EMBASE ABB=ON  PRAZOSIN/CT OR PRAZOSIN DERIVATIVE/CT
L92         704 SEA FILE=EMBASE ABB=ON  INDORAMIN/CT OR INDORAMIN DERIVATIVE/CT

L93        2282 SEA FILE=EMBASE ABB=ON  MUSCARINIC RECEPTOR BLOCKING AGENT/CT
L95          92 SEA FILE=EMBASE ABB=ON  DARIFENACIN/CT
L96         410 SEA FILE=EMBASE ABB=ON  TOLTERODINE/CT OR TOLTERODINE TARTRATE/
               CT
L97        1627 SEA FILE=EMBASE ABB=ON  OXYBUTYNIN/CT
L105       1212 SEA FILE=EMBASE ABB=ON  (L86 OR (L88 OR L89 OR L90 OR L91 OR
               L92))(L)CB/CT
L106        191 SEA FILE=EMBASE ABB=ON  (L93 OR (L95 OR L96 OR L97))(L)CB/CT
L107          8 SEA FILE=EMBASE ABB=ON  L105 AND L106
```

\ subheading
CB = drug combination

```
L86        5910 SEA FILE=EMBASE ABB=ON  ALPHA ADRENERGIC RECEPTOR BLOCKING
               AGENT/CT
L88        2306 SEA FILE=EMBASE ABB=ON  DOXAZOSIN/CT OR DOXAZOSIN DERIVATIVE/CT
                OR DOXAZOSIN MESYLATE/CT
L89        1452 SEA FILE=EMBASE ABB=ON  TERAZOSIN/CT
L90          37 SEA FILE=EMBASE ABB=ON  ABANOQUIL/CT
L91       16803 SEA FILE=EMBASE ABB=ON  PRAZOSIN/CT OR PRAZOSIN DERIVATIVE/CT
L92         704 SEA FILE=EMBASE ABB=ON  INDORAMIN/CT OR INDORAMIN DERIVATIVE/CT
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L93        2282 SEA FILE=EMBASE ABB=ON  MUSCARINIC RECEPTOR BLOCKING AGENT/CT
L95          92 SEA FILE=EMBASE ABB=ON  DARIFENACIN/CT
L96         410 SEA FILE=EMBASE ABB=ON  TOLTERODINE/CT OR TOLTERODINE TARTRATE/
                CT
L97        1627 SEA FILE=EMBASE ABB=ON  OXYBUTYNIN/CT
L108        251 SEA FILE=EMBASE ABB=ON  (L93 OR (L95 OR L96 OR L97))(L)IT/CT
L109        860 SEA FILE=EMBASE ABB=ON  (L86 OR (L88 OR L89 OR L90 OR L91 OR
                L92))(L)IT/CT
L112       1364 SEA FILE=EMBASE ABB=ON  BLADDER CONTRACTION/CT
L113          1 SEA FILE=EMBASE ABB=ON  L108 AND L109 AND L112


=> s l107 or l113

L140          9 L107 OR L113

=> fil wpids; d que l137

FILE 'WPIDS' ENTERED AT 11:57:07 ON 04 JUN 2003
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FILE LAST UPDATED:          3 JUN 2003      <20030603/UP>
MOST RECENT DERWENT UPDATE:     200335        <200335/DW>
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    GUIDES, PLEASE VISIT:
    http://www.derwent.com/userguides/dwpi_guide.html <<<


L116        508 SEA FILE=WPIDS ABB=ON  (ADRENOCEPTOR OR ADRENERGIC)(2A)ALPHA(2A
                )(ANTAGONIST# OR BLOCK?)
L117        112 SEA FILE=WPIDS ABB=ON  DOXAZOSIN# OR CARDURA# OR UK33274 OR UK
                33274
L118         79 SEA FILE=WPIDS ABB=ON  TETRAZOSIN# OR TERAZOSIN# OR HYTRIN# OR
                A45975 OR A 45975
L119          4 SEA FILE=WPIDS ABB=ON  ABANOQUIL# OR UK52046 OR UK 52046
L120        200 SEA FILE=WPIDS ABB=ON  PRAZOSIN# OR FURAZOSIN# OR PRATSIOL#
L121         31 SEA FILE=WPIDS ABB=ON  INDORAMIN# OR WY21901 OR WY 21901
L122        183 SEA FILE=WPIDS ABB=ON  MUSCARINIC(2A)(ANTAGONIST# OR BLOCK?)
L123        124 SEA FILE=WPIDS ABB=ON  DARIFEN!CIN# OR TOLTERODIN# OR DETROL
                OR OXYBUTYNIN# OR CYSTRIN# OR OXYTROL#
L130     781663 SEA FILE=WPIDS ABB=ON  COMBIN? OR SIMULTANEOUS? OR SEQUENTIAL?

L136     373681 SEA FILE=WPIDS ABB=ON  MIXTUR?
L137          5 SEA FILE=WPIDS ABB=ON  (L116 OR L117 OR L118 OR L119 OR L120
                OR L121) AND (L122 OR L123) AND (L130 OR L136)


=> dup rem l33,l139,l140,l137
FILE 'CAPLUS' ENTERED AT 11:57:30 ON 04 JUN 2003
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FILE 'MEDLINE' ENTERED AT 11:57:30 ON 04 JUN 2003

FILE 'EMBASE' ENTERED AT 11:57:30 ON 04 JUN 2003

FILE 'WPIDS' ENTERED AT 11:57:30 ON 04 JUN 2003

PROCESSING COMPLETED FOR L33
PROCESSING COMPLETED FOR L139
PROCESSING COMPLETED FOR L140
PROCESSING COMPLETED FOR L137
L141 31 DUP REM L33 L139 L140 L137 (2 DUPLICATES REMOVED)
ANSWERS '1-5' FROM FILE CAPLUS
ANSWERS '6-19' FROM FILE MEDLINE
ANSWERS '20-28' FROM FILE EMBASE
ANSWERS '29-31' FROM FILE WPIDS

=> d ibib ab hitrn 1-5; d iall 6-31

L141 ANSWER 1 OF 31 CAPLUS DUPLICATE 1
ACCESSION NUMBER: 2001:594376 CAPLUS
DOCUMENT NUMBER: 135:185453
TITLE: Pharmaceutical combinations for treating lower urinary tract disfunctions
INVENTOR(S): Wyllie, Michael Grant
PATENT ASSIGNEE(S): Pfizer Products Inc., USA
SOURCE: Eur. Pat. Appl., 13 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 1123705	A1	20010816	EP 2001-301085	20010207
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
CA 2334460	AA	20010809	CA 2001-2334460	20010207
US 2001044438	A1	20011122	US 2001-778290	20010207
NZ 509807	A	20020927	NZ 2001-509807	20010208

PRIORITY APPLN. INFO.: US 2000-181310P P 20000209

AB Pharmaceutical combinations suitable for treating the lower urinary tract symptoms assocd. with benign prostatic hyperplasia in men contain an .alpha.-adrenoceptor antagonist and a muscarinic antagonist. The combinations of the invention are particularly suitable for treating moderate or severe lower urinary tract symptoms. Thus, tablet contained doxazosin mesylate 4.05, microcryst. cellulose 125.28, lactose 66.67, sodium starch glycolate 2.00, and Mg stearate 2.00% by wt.

IT **5633-20-5, Oxybutynin 19216-56-9, Prazosin 26844-12-2, Indoramine 63590-64-7, Terazosin 74191-85-8, Doxazosin 77883-43-3, Doxazosin** mesylate **90402-40-7, Abanoquil 124937-51-5, Tolterodine 133099-04-4, Darifenacin 133099-07-7, Darifenacin** hydrobromide **210538-44-6**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceutical combinations for treating lower urinary tract

disfunctions)
REFERENCE COUNT: 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L141 ANSWER 2 OF 31 CAPLUS COPYRIGHT 2003 ACS DUPLICATE 2
ACCESSION NUMBER: 2000:725447 CAPLUS
DOCUMENT NUMBER: 133:301178
TITLE: Use of CYP2D6 inhibitors in combination therapies
INVENTOR(S): Obach, Ronald Scott
PATENT ASSIGNEE(S): Pfizer Products Inc., USA
SOURCE: PCT Int. Appl., 18 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000059486	A2	20001012	WO 2000-IB304	20000320
WO 2000059486	C1	20020725		
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
BR 2000009564	A	20020108	BR 2000-9564	20000320
EP 1242058	A1	20020925	EP 2000-909570	20000320
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL				
EE 200100524	A	20021216	EE 2001-524	20000320
NO 2001004858	A	20011205	NO 2001-4858	20011005
BG 106075	A	20020628	BG 2001-106075	20011101

PRIORITY APPLN. INFO.: US 1999-128136P P 19990407
WO 2000-IB304 W 20000320

AB This invention relates to the use of a CYP2D6 inhibitor in combination with a drug having CYP2D6-catalyzed metab., wherein the drug and the CYP2D6 inhibitor are not the same compd.; and pharmaceutical compns. for said use.

IT **5633-20-5, Oxybutynin 26844-12-2, Indoramin 124937-51-5, Tolterodine**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); PEP (Physical, engineering or chemical process); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(use of CYP2D6 inhibitors in combination therapies)

L141 ANSWER 3 OF 31 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2003:147944 CAPLUS
DOCUMENT NUMBER: 138:193282
TITLE: Use of **.alpha.-adrenoceptor antagonist** in combination with **muscarinic antagonist** for medicament
INVENTOR(S): Wayley, Michael Grant
PATENT ASSIGNEE(S): Pfizer Products Inc., USA
SOURCE: Jpn. Kokai Tokkyo Koho, 36 pp.
CODEN: JKXXAF
DOCUMENT TYPE: Patent
LANGUAGE: Japanese
FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
JP 2003055261	A2	20030226	JP 2001-240717	20010808

PRIORITY APPLN. INFO.: JP 2001-240717 20010808

AB The invention relates to pharmaceutical combinations suitable for treating the lower urinary tract symptoms (LUTS) assocd. with benign prostatic hyperplasia (BPH) in men, which combinations contain an .alpha.-adrenoceptor antagonist and a muscarinic antagonist. The combinations of the invention are particularly suitable for treating moderate or severe LUTS. A combination immediate-release darifenacin/doxazosin tablet contg. doxazosin mesylate 4.05, darifenacin hydrobromide 2.976, microcryst. cellulose 125.28, lactose 63.694, sodium starch glycollate 2, magnesium stearate 2 mg was prepd.

IT **5633-20-5, Oxybutynin 19216-56-9, Prazosin 26844-12-2, Indoramin 74191-85-8, Doxazosin 77883-43-3, Doxazosin** mesylate **90402-40-7, Abanoquil 124937-51-5, Tolterodine 133099-04-4, Darifenacin 133099-07-7, Darifenacin** hydrobromide **210538-44-6**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(use of **.alpha.-adrenoceptor antagonist** in combination with **muscarinic antagonist** for treatment of benign prostatic hyperplasia)

L141 ANSWER 4 OF 31 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2003:153396 CAPLUS
DOCUMENT NUMBER: 138:180766
TITLE: Use of BIBN4096BS in combination with other antimigraine medications for the treatment of headache, migraine or cluster headache
INVENTOR(S): Doods, Henri; Hurnaus, Rudolf; Eberlein, Wolfgang
PATENT ASSIGNEE(S): Boehringer Ingelheim Pharma KG, Germany
SOURCE: Ger. Offen., 14 pp.
CODEN: GWXXBX
DOCUMENT TYPE: Patent
LANGUAGE: German
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
DE 10139410	A1	20030227	DE 2001-10139410	20010817
WO 2003015787	A1	20030227	WO 2002-EP8993	20020810

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: DE 2001-10139410 A 20010817

AB The invention provides a method for the treatment or prevention of headache, migraine, or cluster headache, which involves the common administration of a therapeutically effective amt. of 1-[N2 -[3,5-dibromo-N-[[4-(3,4-dihydro-2(1H)-oxoquinazoline-3-yl)-1 piperidinyl]-carbonyl]-D-tyrosyl]-L-lysyl]-4-(4-pyridinyl)-piperazine

[BIBN4096BS], or a physiol. acceptable salt thereof, and a therapeutically effective amt. of a second active antimigraine medication, in particular sumatriptan, zolmitriptan, or dihydroergotamine, or a physiol. acceptable salt thereof. Pharmaceutical compns. and prodn. thereof are also provided.

L141 ANSWER 5 OF 31 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2002:157574 CAPLUS
DOCUMENT NUMBER: 136:210605
TITLE: Method of treating or preventing urinary incontinence using prostanoid EP1 receptor antagonists
INVENTOR(S): Broten, Theodore P.; Nantel, Francois J.; Metters, Kathleen M.; Turner, Mervyn
PATENT ASSIGNEE(S): Merck & Co., Inc., USA; Merck Frosst Canada & Co.
SOURCE: PCT Int. Appl., 127 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2002015902	A1	20020228	WO 2001-US25982	20010820
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
AU 2001086557	A5	20020304	AU 2001-86557	20010820
US 2002137746	A1	20020926	US 2001-935614	20010823

PRIORITY APPLN. INFO.: US 2000-227183P P 20000823
WO 2001-US25982 W 20010820

OTHER SOURCE(S): MARPAT 136:210605
AB This invention encompasses a method of treating or preventing urinary incontinence in a mammalian patient comprising administering to the patient a compd. of formula I (X = C or N; x and z are independently 0-2 such that y + z = 2; Ra = heteroaryl such as furyl, diazinyl, triazinyl, tetrazinyl, imidazolyl, isoxazolyl, isothiazolyl, etc.; R1, R2, R3, R4 and R5 are independently = H, halogen, C1-6alkyl, C1-6alkoxy, C1-6alkylthio, etc.; R6 = H, OH, C1-6alkyl, C1-6alkoxy, etc.) or a pharmaceutically acceptable salt, hydrate or ester thereof. The invention also encompasses certain pharmaceutical compns. and methods for treatment of prostaglandin mediated diseases comprising the use of compds. of formula I.
REFERENCE COUNT: 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L141 ANSWER 6 OF 31 MEDLINE
ACCESSION NUMBER: 2002164226 MEDLINE
DOCUMENT NUMBER: 21893170 PubMed ID: 11896476
TITLE: Intracavernous injections for erectile dysfunction in patients with cardiovascular diseases and failure or contraindications for sildenafil citrate.
AUTHOR: Israilov S; Niv E; Livne P M; Shmueli J; Engelstein D; Segenreich E; Baniel J
CORPORATE SOURCE: Institute of Urology, Rabin Medical Center, Beilinson

Campus, Petah Tiqva 49110, Israel.
SOURCE: INTERNATIONAL JOURNAL OF IMPOTENCE RESEARCH, (2002 Feb) 14 (1) 38-43.
Journal code: 9007383. ISSN: 0955-9930.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200206
ENTRY DATE: Entered STN: 20020317
Last Updated on STN: 20020620
Entered Medline: 20020619

ABSTRACT:
The aim of this study was to evaluate the effectiveness of a progressive program for the treatment of erectile dysfunction in patients with cardiovascular disease in whom sildenafil citrate (Viagra) was not an option. The study population included 106 patients selected from 267 with cardiovascular disease. The intracavernous injection program consisted of three protocols of increasingly complex combinations of vasoactive drugs, papaverine, phentolamine, prostaglandin E1 and atropine sulfate. Patients who failed the first protocol were switched to the second, and those who failed the second were switched to the third. A positive response was defined as an erection sufficient for vaginal penetration. A positive response was achieved on protocol I in 61 of the 106 patients (57.5%); protocol II in 32 of the remaining 45 patients (71.1%); and protocol III in seven of the remaining 13 patients (53.8%); the total success rate was 94.3%. These 100 patients were included in the 1-year follow-up, and 90 reported successful coitus at the end of that period: 79 patients (87.8%) with intracavernous injection and 11 (12.2%) without injection. The remaining 10 patients (10%) dropped out of the program, seven (7.0%) for health or marital reasons and three (3.0%) because of treatment failure. We conclude that a progressive program of intracavernous injections of vasoactive drugs may be a good alternative for the treatment of erectile dysfunction in patients with cardiovascular disease.

CONTROLLED TERM: Check Tags: Human; Male
Adrenergic alpha-Antagonists: AD, administration & dosage
Adrenergic alpha-Antagonists: AE, adverse effects
Adrenergic alpha-Antagonists: TU, therapeutic use
Adult
Aged
Aged, 80 and over
Alprostadil: AD, administration & dosage
Alprostadil: AE, adverse effects
Alprostadil: TU, therapeutic use
Atropine: AD, administration & dosage
Atropine: AE, adverse effects
Atropine: TU, therapeutic use
*Cardiovascular Diseases: CO, complications
Coitus
Drug Combinations
Follow-Up Studies
*Impotence: CO, complications
*Impotence: DT, drug therapy
Injections
Middle Age
Muscarinic Antagonists: AD, administration & dosage
Muscarinic Antagonists: AE, adverse effects
Muscarinic Antagonists: TU, therapeutic use
Papaverine: AD, administration & dosage
Papaverine: AE, adverse effects
Papaverine: TU, therapeutic use
Penis

Phentolamine: AD, administration & dosage
Phentolamine: AE, adverse effects
Phentolamine: TU, therapeutic use
Piperazines: CT, contraindications
Piperazines: TU, therapeutic use
Retreatment
Treatment Failure
*Vasodilator Agents: AD, administration & dosage
Vasodilator Agents: AE, adverse effects
Vasodilator Agents: CT, contraindications
Vasodilator Agents: TU, therapeutic use

CAS REGISTRY NO.: 139755-83-2 (sildenafil); 50-60-2 (Phentolamine); 51-55-8 (Atropine); 58-74-2 (Papaverine); 745-65-3 (Alprostadil)

CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Drug Combinations); 0 (Muscarinic Antagonists); 0 (Piperazines); 0 (Vasodilator Agents)

L141 ANSWER 7 OF 31 MEDLINE
ACCESSION NUMBER: 2002045730 MEDLINE
DOCUMENT NUMBER: 21629702 PubMed ID: 11755385
TITLE: Influence of pump compliance (peristaltic vs. infusion) on urodynamic measurement during cystometry in conscious rats.
AUTHOR: Velasco C; Guarneri L; Leonardi A; Testa R
CORPORATE SOURCE: Pharmaceutical R & D Division-Recordati S.p.A., Mia M. Civitali I-20148, Milano, Italy.
SOURCE: JOURNAL OF PHARMACOLOGICAL AND TOXICOLOGICAL METHODS, (2001 May-Jun) 45 (3) 215-21.
Journal code: 9206091. ISSN: 1056-8719.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200202
ENTRY DATE: Entered STN: 20020124
Last Updated on STN: 20020301
Entered Medline: 20020228

ABSTRACT:
Cystometry, employing natural or pump-induced bladder filling, is the most widely used method for studying bladder reflexes and micturition in conscious rats. However, discrepancies in basal values of urodynamic parameters are often reported, especially for micturition pressure. The aim of this study was to establish whether the type of pump used (peristaltic or infusion) might yield different urodynamic parameters. Differences between natural filling (evaluated in water-loaded animals and considered "physiological micturition") and pump-evoked cystometrograms, as well as the compliance of these systems, and the effects of pharmacologically diverse drugs (prazosin, ***oxybutynin*** , and naproxen) acting on the bladder voiding were evaluated. Micturition pressure recorded from pump-evoked cystometrograms showed differences from natural micturition that were related to the total compliance of the system (pump + tube) and not only to the nature of the pump used. Drug-induced changes of micturition pressure during natural micturition resembled those recorded during bladder infusion with a peristaltic pump more than those with an infusion pump. Other basal values and drug-induced changes of bladder capacity were the same during natural and pump-evoked micturition. The present findings indicate that cystometrographic parameters obtained during pump-evoked micturition with a system at high compliance (peristaltic pump) are equivalent to those observed during physiological micturition.

CONTROLLED TERM: Check Tags: Animal; Comparative Study; Male
Bladder: DE, drug effects
*Bladder: PH, physiology
Consciousness
*Infusion Pumps, Implantable
Mandelic Acids: PD, pharmacology

Naproxen: PD, pharmacology
Prazosin: PD, pharmacology
Rats
Rats, Sprague-Dawley
Reproducibility of Results
Urinary Catheterization: IS, instrumentation
Urinary Catheterization: MT, methods
Urination: DE, drug effects
Urination: PH, physiology
Urodynamics: DE, drug effects
*Urodynamics: PH, physiology

CAS REGISTRY NO.: **19216-56-9 (Prazosin)**; 22204-53-1 (Naproxen); **5633-20-5 (oxybutynin)**
CHEMICAL NAME: 0 (Mandelic Acids)

L141 ANSWER 8 OF 31 MEDLINE
ACCESSION NUMBER: 1999180092 MEDLINE
DOCUMENT NUMBER: 99180092 PubMed ID: 10082055
TITLE: The clinical efficacy of paremyd with and without dapiprazole in subjects with light and dark brown irides.
AUTHOR: Anicho U M; Cooper J; Feldman J; Jaanus S D; Dignam K
CORPORATE SOURCE: Schnurmacher Institute for Vision Research, State University of New York, State College of Optometry, New York 10010-3677, USA.
SOURCE: OPTOMETRY AND VISION SCIENCE, (1999 Feb) 76 (2) 94-101. Journal code: 8904931. ISSN: 1040-5488.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199905
ENTRY DATE: Entered STN: 19990517
Last Updated on STN: 19990517
Entered Medline: 19990504

ABSTRACT:
BACKGROUND: Paremyd, a mydriatic formulation of 0.25% tropicamide and 1.0% hydroxyamphetamine hydrobromide provides adequate dilation for binocular indirect ophthalmoscopy in young Caucasians. We studied the clinical effectiveness of Paremyd in dilating heavily pigmented eyes by comparing its mydriatic efficacy in Blacks, Asians and Caucasians with light and dark brown irides. We also evaluated the efficacy of one drop of dapiprazole (Rev-Eyes) in reversing Paremyd-induced mydriasis in our subject sample. METHODS: In a masked, randomized, controlled experimental design, several visual functions which included pupillary dilation, near visual acuity, amplitude of accommodation, ocular hyperemia, and discomfort glare were measured at 30-min intervals, for a total of 300 min, in subjects dilated with a single drop of Paremyd in each eye. Ease of binocular indirect ophthalmoscopy was also assessed. A 3-way analysis of variance was used to assess changes in these measures as function of irides color/pigmentation (designated as light or dark brown iris color), presence or absence of dapiprazole, and test time interval. RESULTS: We found that subjects in our light brown irides group (mainly Caucasians) dilated faster than subjects in our dark brown irides group (mainly Blacks). Dapiprazole increased the speed of recovery from pupillary dilation for all subjects, but more so for those with light rather than dark brown irides. Similarly, subjects with light rather than dark brown irides recovered accommodative function more quickly. Although neither the use of dapiprazole nor the degree of iris color/pigmentation was significantly related to visual acuity or glare discomfort, there was a clear trend that these visual measures were affected to a greater degree in subjects with dark brown (primarily Blacks) rather than light brown irides. Overall, Paremyd provided adequate dilation for binocular indirect ophthalmoscopy in all subjects irrespective of

iris color/pigmentation. CONCLUSIONS: Our data indicate that a single drop of Paremyd provides adequate mydriasis, without significant side effects, for routine fundus examination of all subjects, independent of iris color/pigmentation. Furthermore, a single drop of dapiprazole was effective in speeding the return of pupillary dilation in most subjects, but had no significant effect on accommodation, near visual acuity or glare discomfort. Side effects such as stinging upon instillation, conjunctival hyperemia, and a few instances of ptosis, with possible additional cost to patients, appear to lessen its overall clinical benefit.

CONTROLLED TERM: Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't
Accommodation, Ocular: DE, drug effects
Adolescent
Adrenergic alpha-Antagonists: AD, administration & dosage
***Adrenergic alpha-Antagonists: TU, therapeutic use**
Adult
Drug Therapy, Combination
*Eye Color
Glare
Iris: DE, drug effects
Iris: PH, physiology
Mydriatics: AD, administration & dosage
*Mydriatics: TU, therapeutic use
Ophthalmic Solutions: AD, administration & dosage
Ophthalmic Solutions: TU, therapeutic use
Ophthalmoscopy
*Pupil: DE, drug effects
Triazoles: AD, administration & dosage
*Triazoles: TU, therapeutic use
Tropicamide: AD, administration & dosage
***Tropicamide: TU, therapeutic use**
Visual Acuity: DE, drug effects
p-Hydroxyamphetamine: AD, administration & dosage
*p-Hydroxyamphetamine: TU, therapeutic use

CAS REGISTRY NO.: 103-86-6 (p-Hydroxyamphetamine); 1508-75-4 (Tropicamide); 72822-12-9 (dapiprazole)

CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Mydriatics); 0 (Ophthalmic Solutions); 0 (Triazoles)

L141 ANSWER 9 OF 31 MEDLINE

ACCESSION NUMBER: 1998321928 MEDLINE

DOCUMENT NUMBER: 98321928 PubMed ID: 9660491

TITLE: Synergistic receptor-activated calcium increases in single nonpigmented epithelial cells.

AUTHOR: Cilluffo M C; Xia S L; Farahbakhsh N A; Fain G L

CORPORATE SOURCE: Department of Physiological Science, University of California, Los Angeles 90095-1527, USA.

CONTRACT NUMBER: EY06969 (NEI)
EY07568 (NEI)

SOURCE: INVESTIGATIVE OPHTHALMOLOGY AND VISUAL SCIENCE, (1998 Jul) 39 (8) 1429-35.
Journal code: 7703701. ISSN: 0146-0404.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199807

ENTRY DATE: Entered STN: 19980723
Last Updated on STN: 19980723
Entered Medline: 19980714

ABSTRACT:

PURPOSE: To determine whether single nonpigmented ciliary body cells contain

the signaling mechanism to produce synergistic drug-activated increases in Ca2+, or whether these responses are produced cooperatively by interaction among groups of cells. METHODS: Suspensions of single nonpigmented cells were plated onto soft collagen gels. Fura-2 fluorescence ratio imaging was used to examine receptor-evoked changes in intracellular Ca2+ concentration. RESULTS: Nonpigmented cells plated on soft collagen gels retained a rounded shape with membrane evaginations visible on their surface. Application of acetylcholine (10 microM) or epinephrine (1 microM) each produced small increases in intracellular Ca2+, but in combination they produced a Ca2+ increase of more than 10-fold. This synergistic Ca2+increase was a result of activation of muscarinic and alpha2-adrenergic receptors because a specific alpha2-adrenergic agonist could substitute for epinephrine in producing the response. The response could be blocked by a specific alpha2-antagonist and a muscarinic antagonist. An alpha1-agonist could not substitute for epinephrine in producing a synergistic increase nor could the synergism be blocked by alpha1- or beta-antagonists. The Ca2+ increase was largely produced by release from internal stores, because the peak amplitude of the response was nearly the same in the external solution containing a low Ca2+ concentration; however, the influx of Ca2+ into the cell was responsible for maintenance of a steady component of the Ca2+ increase during maintained drug stimulation and for refilling the internal stores. CONCLUSIONS: Single nonpigmented cells can produce synergistic increases in Ca2+ on multiple receptor activation, indicating that the mechanism of synergism does not require the interaction of multiple cells. The Ca2+ increase is a result of release from internal stores and Ca2+ entry through an as yet undefined conductance or transport system in the plasma membrane.

CONTROLLED TERM: Check Tags: Animal; Support, U.S. Gov't, P.H.S.
Acetylcholine: PD, pharmacology
Adrenergic alpha-Antagonists: PD, pharmacology
*Calcium: ME, metabolism
Cells, Cultured
Ciliary Body: CY, cytology
Ciliary Body: DE, drug effects
*Ciliary Body: ME, metabolism
Collagen
Drug Combinations
Drug Synergism
Epinephrine: PD, pharmacology
Epithelial Cells: CY, cytology
Epithelial Cells: DE, drug effects
*Epithelial Cells: ME, metabolism
Fluorescent Dyes: ME, metabolism
Fura-2: ME, metabolism
Gels
Muscarinic Antagonists: PD, pharmacology
Rabbits
*Receptors, Adrenergic, alpha-2: ME, metabolism
*Receptors, Muscarinic: ME, metabolism

CAS REGISTRY NO.: 51-43-4 (Epinephrine); 51-84-3 (Acetylcholine); 7440-70-2 (Calcium); 9007-34-5 (Collagen); 96314-98-6 (Fura-2)

CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Drug Combinations); 0 (Fluorescent Dyes); 0 (Gels); 0 (Muscarinic Antagonists); 0 (Receptors, Adrenergic, alpha-2); 0 (Receptors, Muscarinic)

L141 ANSWER 10 OF 31 MEDLINE
ACCESSION NUMBER: 1998114435 MEDLINE
DOCUMENT NUMBER: 98114435 PubMed ID: 9453690
TITLE: Prospective study comparing hyoscyamine, doxazosin, and combination therapy for the treatment of urgency and frequency in women.
AUTHOR: Serels S; Stein M
CORPORATE SOURCE: Department of Urology, Montefiore Medical Center and Albert Einstein College of Medicine, Bronx, New York, USA.

SOURCE: NEUROUROLOGY AND URODYNAMICS, (1998) 17 (1) 31-6.
Journal code: 8303326. ISSN: 0733-2467.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199803
ENTRY DATE: Entered STN: 19980326
Last Updated on STN: 19980326
Entered Medline: 19980318

ABSTRACT:
Anticholinergics are commonly used for the treatment of frequency, urgency, and urge incontinence in women. Alpha-blockers have been shown to have a modulating effect on bladder smooth muscle but are not commonly used clinically for this indication. To evaluate the clinical effectiveness of each treatment as well as the combination therapy, we performed an open prospective study comparing these agents. Between September 1994 and October 1995, 34 women aged 28-91 (mean age, 62) received either 0.375 mg of sustained-release hyoscyamine twice a day or 2 mg doxazosin QHS prior to being crossed over to the other drug and/or the combination. Symptoms were assessed using an expanded American Urological Association (AUA) symptoms score, which included questions regarding incontinence at completion of each therapeutic phase. Evaluation included 6-channel urodynamics. All three therapies were noted to be effective in reducing AUA symptom scores. By urodynamic evaluation, a greater percentage of patients with increased voiding pressures or decreased compliance responded to doxazosin than hyoscyamine. Side effects were noted to be less prevalent with doxazosin than with the other therapies. There appears to be a significant role for alpha-blockers in the treatment of voiding symptoms in women.

CONTROLLED TERM: Check Tags: Comparative Study; Female; Human
Adrenergic alpha-Antagonists: AE, adverse effects
***Adrenergic alpha-Antagonists: TU, therapeutic use**
Adult
Aged
Aged, 80 and over
Atropine: AD, administration & dosage
***Atropine: TU, therapeutic use**
Bladder: DE, drug effects
Bladder: PP, physiopathology
Cross-Over Studies
Delayed-Action Preparations
Doxazosin: AE, adverse effects
***Doxazosin: TU, therapeutic use**
Drug Therapy, Combination
Middle Age
Muscarinic Antagonists: AD, administration & dosage
***Muscarinic Antagonists: TU, therapeutic use**
Prospective Studies
Safety
Severity of Illness Index
Treatment Outcome
*Urinary Incontinence: DT, drug therapy
Urinary Incontinence: PP, physiopathology
Urodynamics: DE, drug effects
CAS REGISTRY NO.: 51-55-8 (Atropine); 74191-85-8 (Doxazosin)
CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Delayed-Action Preparations); 0 (Muscarinic Antagonists)

L141 ANSWER 11 OF 31 MEDLINE
ACCESSION NUMBER: 95299493 MEDLINE
DOCUMENT NUMBER: 95299493 PubMed ID: 7780441

TITLE: Autonomic dysreflexia in a rat model spinal cord injury and the effect of pharmacologic agents.

AUTHOR: Rivas D A; Chancellor M B; Huang B; Salzman S K
CORPORATE SOURCE: Department of Urology, Jefferson Medical College, Thomas Jefferson University, Philadelphia, PA 19107, USA.

SOURCE: NEUROUROLOGY AND URODYNAMICS, (1995) 14 (2) 141-52.
Journal code: 8303326. ISSN: 0733-2467.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199507
ENTRY DATE: Entered STN: 19950726
Last Updated on STN: 19950726
Entered Medline: 19950720

ABSTRACT:
The object of this study was to develop a spinal cord injury (SCI) rat model for autonomic dysreflexia (AD), assessing the effect of alpha-adrenergic and calcium channel blockade and to determine the relationship of detrusor-external sphincter dyssynergia (DESD) to the development of AD. A laminectomy was performed in male rats at the T4 or T10 level and a controlled 50 g cm blunt SCI was induced using an impounder. Four weeks after injury, changes in arterial blood pressure and heart rate were monitored while simultaneous cystometry (CMG) and pelvic floor electromography (EMG) were performed in vivo in sham (control) and spinal cord injured rats. The effects of ***terazosin*** (0.1 mg/kg), diltiazem (0.5 mg/kg), and **oxybutynin** chloride (0.1 mg/kg) on hemodynamic changes were assessed independently. Both T4 and T10 SCI rat displayed evidence of DESD (enhanced pelvic floor EMG activity at cystometric capacity) while control rats did not. Only T4 injured rats exhibited evidence of AD, with mean blood pressure elevations from 82.9 +/- 13.6 to 93.9 +/- 11.3 mm Hg ($P < 0.01$) and a mean heart rate decrease from 332.2 +/- 56.5 to 311.1 +/- 54.5 beats/min ($P = 0.02$) at cystometric capacity. The intravenous administration of **terazosin** or diltiazem abolished the AD response during CMG. The administration of **oxybutynin** exhibited the ability to increase bladder capacity and improve compliance in all 3 groups but did not blunt AD. The rat model of SCI effectively reproduced hemodynamic changes consistent with the AD complex in T4 level SCI but not T10 level SCI animals, despite incomplete lesions. Blockade with either an alpha-1 or a calcium channel antagonist effectively ablated the AD response to bladder distention. Anticholinergic agents had no effect on AD. DESD frequently accompanies autonomic dysreflexia, although the development of AD is not a prerequisite for DESD.

CONTROLLED TERM: Check Tags: Animal; Comparative Study; Male; Support, Non-U.S. Gov't
Adrenergic alpha-Antagonists: PD, pharmacology
*Autonomic Nervous System Diseases: CO, complications
*Autonomic Nervous System Diseases: PP, physiopathology
Bladder, Neurogenic: DT, drug therapy
*Bladder, Neurogenic: PP, physiopathology
Calcium Channel Blockers: PD, pharmacology
Diltiazem: PD, pharmacology
Disease Models, Animal
Mandelic Acids
Parasympatholytics: PD, pharmacology
Prazosin: AA, analogs & derivatives
Prazosin: PD, pharmacology
Rats
Rats, Sprague-Dawley
*Spinal Cord Injuries: CO, complications
Spinal Cord Injuries: DT, drug therapy
*Spinal Cord Injuries: PP, physiopathology
Urodynamics: PH, physiology
CAS REGISTRY NO.: **19216-56-9 (Prazosin)**; 42399-41-7 (Diltiazem);

5633-20-5 (oxybutynin); 63590-64-7 (terazosine)
CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Calcium Channel Blockers); 0 (Mandelic Acids); 0 (Parasympatholytics)

L141 ANSWER 12 OF 31 MEDLINE
ACCESSION NUMBER: 94318991 MEDLINE
DOCUMENT NUMBER: 94318991 PubMed ID: 8043890
TITLE: Clinical reliability of multi-drug intracavernous vasoactive pharmacotherapy for diabetic impotence.
AUTHOR: Montorsi F; Guazzoni G; Bergamaschi F; Zucconi M; Rigatti P; Pizzini G; Miani A; Pozza G
CORPORATE SOURCE: Institute of Human Anatomy, Scientific Institute H. San Raffaele, Milan, Italy.
SOURCE: ACTA DIABETOLOGICA, (1994 Apr) 31 (1) 1-5.
Journal code: 9200299. ISSN: 0940-5429.
PUB. COUNTRY: GERMANY: Germany, Federal Republic of
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199408
ENTRY DATE: Entered STN: 19940909
Last Updated on STN: 19940909
Entered Medline: 19940826

ABSTRACT:
The aim of this study was to assess the effectiveness and safety of intracavernous injections of a four-drug vasoactive mixture in diabetic patients with organic impotence. A group of 60 diabetic patients with either pure neurogenic, pure vasculogenic or mixed neurovasculogenic impotence were treated with intracavernous injections of a combination of 12.1 mg/ml papaverine hydrochloride, 1.01 mg/ml phentolamine mesylate, 10.1 micrograms/ml prostaglandin E1 and 0.15 mg/ml atropine sulphate ('full-dose' mixture). A mixture of the same drugs but at one-third concentrations ('reduced-dose' mixture) was also used. The mean (+/- SEM) volumes of the full-dose and reduced-dose mixtures used were 0.21 +/- 0.03 ml and 0.31 +/- 0.02 ml, respectively. All the patients were able to sustain a rigid erection at the end of the titration phase of the study. At a mean follow-up of 18 months, 48 patients (80%) were successfully using the mixture, 6 patients (10%) were using the mixture at a dose lower than the initial dose and 6 patients (10%) had dropped out from the injection therapy. No major complications were seen. The association of multiple vasoactive drugs which use different mechanisms of action, thus exerting a pharmacological synergism, is an effective and safe procedure in intracavernous pharmacotherapy for diabetic patients with organic impotence.

CONTROLLED TERM: Check Tags: Human; Male
Adult
Aged
Alprostadil: AD, administration & dosage
*Alprostadil: TU, therapeutic use
Atropine: AD, administration & dosage
***Atropine: TU, therapeutic use**
*Diabetes Mellitus: CO, complications
Drug Combinations
Follow-Up Studies
*Impotence: DT, drug therapy
*Impotence: ET, etiology
Impotence: PP, physiopathology
Injections
Middle Age
Papaverine: AD, administration & dosage
*Papaverine: TU, therapeutic use
*Penile Erection: DE, drug effects
Phentolamine: AD, administration & dosage

***Phentolamine: TU, therapeutic use**
Self Administration
Treatment Outcome
CAS REGISTRY NO.: 50-60-2 (Phentolamine); 51-55-8 (Atropine); 58-74-2 (Papaverine); 745-65-3 (Alprostadil)
CHEMICAL NAME: 0 (Drug Combinations)

L141 ANSWER 13 OF 31 MEDLINE
ACCESSION NUMBER: 94054844 MEDLINE
DOCUMENT NUMBER: 94054844 PubMed ID: 7694416
TITLE: Effectiveness and safety of multidrug intracavernous therapy for vasculogenic impotence.
AUTHOR: Montorsi F; Guazzoni G; Bergamaschi F; Dodesini A; Rigatti P; Pizzini G; Miani A
CORPORATE SOURCE: Institute of Human Anatomy, Scientific Institut H. San Raffaele, Milan, Italy.
SOURCE: UROLOGY, (1993 Nov) 42 (5) 554-8.
Journal code: 0366151. ISSN: 0090-4295.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199312
ENTRY DATE: Entered STN: 19940117
Last Updated on STN: 19960129
Entered Medline: 19931207

ABSTRACT:
A four-drug vasoactive mixture (papaverine hydrochloride, prostaglandin E1, phentolamine mesylate, atropine sulfate) was used for intracavernous injection therapy in 94 patients with vasculogenic impotence as diagnosed by color Doppler sonography and dynamic infusion cavernosometry-cavernosography. At a mean follow-up of twenty months, 66 patients (70%) are using the injections with the initial dose and are satisfied; 14 patients (15%) are using the injections with a smaller dose than initially given; and 14 patients (15%) dropped intracavernous treatment. Only 4 patients (4%) were unable to achieve a sustained rigid erection during the mixture titration phase. Selected cases of vasculogenic impotence can be safely and effectively treated by the association of drugs which rely on different mechanisms of action, producing a pharmacologic synergism which enhances the overall therapeutic effect.

CONTROLLED TERM: Check Tags: Human; Male
Alprostadil: AD, administration & dosage
Atropine: AD, administration & dosage
Drug Synergism
***Drug Therapy, Combination**
*Impotence: DT, drug therapy
Impotence: ET, etiology
Injections, Intravenous
Papaverine: AD, administration & dosage
*Penis: BS, blood supply
Phentolamine: AD, administration & dosage
Phentolamine: AA, analogs & derivatives
CAS REGISTRY NO.: 50-60-2 (Phentolamine); 51-55-8 (Atropine); 58-74-2 (Papaverine); 745-65-3 (Alprostadil)

L141 ANSWER 14 OF 31 MEDLINE
ACCESSION NUMBER: 94167741 MEDLINE
DOCUMENT NUMBER: 94167741 PubMed ID: 7907192
TITLE: Effects of intravesically administered anticholinergics, beta-adrenergic stimulant and alpha-adrenergic blocker on bladder function in unanesthetized rats.
AUTHOR: Ukimura O
CORPORATE SOURCE: Department of Urology, Kyoto Prefectural University of Medicine.

SOURCE: TOHOKU JOURNAL OF EXPERIMENTAL MEDICINE, (1993 Aug) 170 (4) 251-60.
Journal code: 0417355. ISSN: 0040-8727.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199404
ENTRY DATE: Entered STN: 19940412
Last Updated on STN: 19950206
Entered Medline: 19940405

ABSTRACT:
Comparative analysis of the effects of intravesical instillation of drugs on urodynamic parameters (MVP, maximum intravesical pressure; RR, residual rate; BC, bladder capacity) was performed using an experimental model in unanesthetized rats. The drugs investigated in this study were atropine (7.2 x 10(-4)-7.2 x 10(-2) M), propantheline (7.2 x 10(-3)-2.2 x 10(-2) M), ***oxybutynin*** (2.5 x 10(-3)-2.5 x 10(-2) M), isoproterenol (5 x 10(-2)-10(-1) M) and prazosin (5 x 10(-4) M). Of the anticholinergics, propantheline and **oxybutynin** showed a remarkable suppression of MVP accompanied with a consistent increase of RR and BC in a dose-dependent manner. Atropine showed, however, no suppression of MVP in spite of a significant change of RR and BC. Isoproterenol suppressed MVP with an increase of RR and BC in a dose-dependent manner at a relatively high concentration. Prazosin increased BC and RR at a relatively low concentration. This study revealed that these intravesical drugs have the ability to suppress spontaneous bladder contraction in unanesthetized rats and to change the micturition function in the urinary filling and storage phases. It is expected that intravesical instillation therapy for detrusor hyperreflexia will be improved in the future based upon the data obtained.

CONTROLLED TERM: Check Tags: Animal; Male
Administration, Intravesical
*Adrenergic alpha-Antagonists: AD, administration & dosage
*Adrenergic beta-Agonists: AD, administration & dosage
Atropine: AD, administration & dosage
*Bladder: DE, drug effects
Isoproterenol: AD, administration & dosage
Mandelic Acids: AD, administration & dosage
*Parasympatholytics: AD, administration & dosage
Prazosin: AD, administration & dosage
Propantheline: AD, administration & dosage
Rats
Rats, Wistar

CAS REGISTRY NO.: **19216-56-9 (Prazosin)**; 298-50-0 (Propantheline); 51-55-8 (Atropine); **5633-20-5 (oxybutynin)**; 7683-59-2 (Isoproterenol)

CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Adrenergic beta-Agonists); 0 (Mandelic Acids); 0 (Parasympatholytics)

L141 ANSWER 15 OF 31 MEDLINE
ACCESSION NUMBER: 92173433 MEDLINE
DOCUMENT NUMBER: 92173433 PubMed ID: 1724398
TITLE: Current concepts in the treatment of genitourinary tract disorders in the older individual.
AUTHOR: Atala A; Amin M
CORPORATE SOURCE: Department of Surgery, University of Louisville School of Medicine, Kentucky.
SOURCE: DRUGS AND AGING, (1991 May) 1 (3) 176-93. Ref: 87
Journal code: 9102074. ISSN: 1170-229X.
PUB. COUNTRY: New Zealand
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW LITERATURE)

LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199204
ENTRY DATE: Entered STN: 19920424
Last Updated on STN: 19960129
Entered Medline: 19920408

ABSTRACT:
Genitourinary problems, including neurogenic dysfunction, impotence, prostatism, urinary tract infections, and prostate cancer, are common in the elderly, and most of the symptoms can be alleviated through pharmacological management. Patients with neurogenic dysfunction who present with symptoms such as incontinence and urinary retention can be appropriately managed with bladder and sphincter relaxants or stimulants. Anticholinergic agents in the form of **oxybutynin**, flavoxate, and propantheline are effective bladder relaxants, and phenoxybenzamine, prazosin, and **terazosin** are commonly used as sphincter relaxants. Bethanechol chloride is the agent most commonly used to stimulate bladder contraction, but physicians should be careful when prescribing it for elderly patients with cardiovascular problems. Organic and psychogenic causes of impotence usually overlap, and oral agents have limited use in the treatment process. The use of yohimbine has increased recently, but its value and rate of success remains questionable. Testosterone is being used widely to treat impotence, but it is only helpful to patients with hypogonadism and should be used with discretion in the elderly, who have a high incidence of prostate cancer. Vasoactive intracavernous pharmacotherapy, on the other hand, is a recently discovered alternative to testosterone with promising results. Although the treatment of choice for benign prostatic hypertrophy is surgery, there have been important pharmacological advances in treating this disorder. alpha-Adrenergic antagonists and anti-androgenic agents have been found to relieve the symptoms of prostatic enlargement. The use of chemotherapeutic and antibiotic agents to treat and suppress acute and chronic urinary tract infections is reviewed; these are second only to pulmonary infections as the most frequent cause of febrile episodes in patients over the age of 65. Lower urinary tract infections can be treated with almost any antibacterial agent. Upper urinary tract infections require full genitourinary evaluation and appropriate antibiotics should be used according to the urine culture sensitivity studies. With the advent of new hormonal agents, more choices are now available for the management of prostate cancer, which is the second most common malignancy in men. Diethylstilbestrol (stilboestrol), an oral estrogen, remains a commonly used agent to achieve castrate levels of androgens in advanced prostatic carcinoma. Agonist analogues, such as goserelin and leuprorelin, of gonadotrophin-releasing hormone (GnRH) [luteinising hormone-releasing hormone (LHRH); or gonadorelin] achieve the same results as diethylstilbestrol but without the cardiovascular side effects. Antiandrogens are also being used in combination with GnRH agonists to produce complete androgen blockage, with mixed results.

CONTROLLED TERM: Check Tags: Human; Male
Aged
Impotence: DT, drug therapy
Prostatic Hyperplasia: DT, drug therapy
Prostatic Neoplasms: DT, drug therapy
Urinary Tract Infections: DT, drug therapy
*Urogenital Diseases: DT, drug therapy

L141 ANSWER 16 OF 31 MEDLINE
ACCESSION NUMBER: 88129771 MEDLINE
DOCUMENT NUMBER: 88129771 PubMed ID: 2963479
TITLE: The effects of thymoxamine, phenylephrine and cyclopentolate on the accommodative process in man.
AUTHOR: Zetterstrom C
CORPORATE SOURCE: Department of Ophthalmology, Hospital of Uppsala, Sweden.
SOURCE: ACTA OPHTHALMOLOGICA, (1987 Dec) 65 (6) 699-704.
Journal code: 0370347. ISSN: 0001-639X.
PUB. COUNTRY: Denmark

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198803
ENTRY DATE: Entered STN: 19900308
Last Updated on STN: 19900308
Entered Medline: 19880314

ABSTRACT:
Accommodation of the eye was measured in a cross-over study in 11 healthy volunteers (20-35 years). In 5 subjects the near point was determined before and after topical instillation of 5 microliter of 0.1% and 0.5%, and 5 x 5 microliter 0.5% thymoxamine, 5 microliter of 2% and 10%, and 5 x 5 microliter 10% phenylephrine and 5 microliter of 0.04%, 0.2%, and 1% cyclopentolate. All concentrations of thymoxamine increased the accommodative amplitude by about 1.5 dioptres. Accommodation decreased by about 0.5 dioptre after instillation of 5 x 5 microliter 10% phenylephrine. The cycloplegic effects of 0.2% and 1% cyclopentolate were similar. Accommodation was also determined after application of 5 microliter 1% cyclopentolate followed by either 5 x 5 microliter 0.5% thymoxamine or 10% phenylephrine. Addition of thymoxamine did not alter the cycloplegic response of cyclopentolate alone. Addition of phenylephrine caused a more prolonged but similar maximum response compared to that of cyclopentolate alone. In the 6 other test subjects, the accommodation was compared before and after topical instillation of 5 microliter of 0.2% and 1% and 40 microliter (one standard eye-drop) of 1% cyclopentolate and followed during 6 h. There was no difference between the maximum value of 5 microliter and 40 microliter 1% cyclopentolate. We conclude from these data that alpha-stimulation by phenylephrine decreases and alpha-inhibition by thymoxamine increases the accommodative amplitude in man.(ABSTRACT TRUNCATED AT 250 WORDS)

CONTROLLED TERM: Check Tags: Human
*Accommodation, Ocular: DE, drug effects
Adult
Ciliary Body: DE, drug effects
***Cyclopentolate: PD, pharmacology**
Drug Combinations
***Moxisylyte: PD, pharmacology**
*Phenylacetates: PD, pharmacology
*Phenylephrine: PD, pharmacology

CAS REGISTRY NO.: 512-15-2 (Cyclopentolate); 54-32-0 (Moxisylyte); 59-42-7 (Phenylephrine)
CHEMICAL NAME: 0 (Drug Combinations); 0 (Phenylacetates)

L141 ANSWER 17 OF 31 MEDLINE
ACCESSION NUMBER: 85306123 MEDLINE
DOCUMENT NUMBER: 85306123 PubMed ID: 3929733
TITLE: [Chemical blockade of the cardiac autonomic nervous system. Effects on the coronary arterial vasomotor activity]. Blocage chimique du systeme nerveux autonome cardiaque. Effets sur la vasomotricite arterielle coronaire.
AUTHOR: Bory M; Dayan-Benattar N; Sainsous J; Djiane P; Serradimigni A
SOURCE: ARCHIVES DES MALADIES DU COEUR ET DES VAISSEAUX, (1985 Jul) 78 (7) 1053-60.
Journal code: 0406011. ISSN: 0003-9683.
PUB. COUNTRY: France
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: French
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198510
ENTRY DATE: Entered STN: 19900320
Last Updated on STN: 19900320
Entered Medline: 19851021

ABSTRACT:

The results of cardiac plexectomy in spastic angina are controversial. This study was undertaken to evaluate the effects of blocking the cardiac autonomic nervous system (CANS) in this syndrome in 61 patients presenting with chest pain and angiographically normal coronary arteries. All patients underwent a methyl-ergometrine provocation test with a sequential protocol. They were then divided into two groups: Group 1 (13 patients): positive response to ergometrine. Group 2 (48 patients): negative response to ergometrine. Three sub-groups were identified: 2: 1: 9 patients with coronary spasm demonstrated by another method: 2: 2: 6 patients with myocardial infarction: 2: 3: 33 patients with chest pain alone. The results of these tests were compared with those obtained after blocking the CANS by intravenous injection over 3 minutes of an alpha and beta-blocker (labetalol 2 mg/kg) and a parasympathetic blocker (Atropine. 0.04 mg/kg). The CANS blockade was confirmed by two facts: the basal heart rate of 66.38 +/- 9.91 rose to ots intrinsic rate of 89.76 +/- 10.5 (p less than 0.01) and remained at that rate after ergometrine and trinitrate administration and myocardial ischaemia; changes in blood pressure were greater after CANS blockade: + 30.62 +/- 16.13 mmHg instead of + 8.62 +/- 0.33 mmHg after ergometrine (p less than 0.01) and -43.16 +/- 16.32 mmHg instead of -25.16 +/- 3.64 mmHg after trinitrate (p less than 0.01).(ABSTRACT TRUNCATED AT 250 WORDS)

CONTROLLED TERM: Check Tags: Female; Human; Male
Adult
Aged
***Atropine: TU, therapeutic use**
*Autonomic Nerve Block
Blood Pressure: DE, drug effects
*Coronary Vasospasm: DT, drug therapy
Drug Therapy, Combination
Electrocardiography
English Abstract
*Ethanolamines: TU, therapeutic use
*Heart: IR, innervation
Heart: RI, radionuclide imaging
Heart Rate: DE, drug effects
***Labetalol: TU, therapeutic use**
Middle Age

CAS REGISTRY NO.: 36894-69-6 (Labetalol); 51-55-8 (Atropine)
CHEMICAL NAME: 0 (Ethanolamines)

L141 ANSWER 18 OF 31 MEDLINE
ACCESSION NUMBER: 84002050 MEDLINE
DOCUMENT NUMBER: 84002050 PubMed ID: 6137279
TITLE: Treatment of vasospastic angina.
AUTHOR: MacAlpin R
SOURCE: CARDIOVASCULAR CLINICS, (1983) 14 (1) 129-72. Ref: 255
Journal code: 0213744. ISSN: 0069-0384.

PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)

LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198311
ENTRY DATE: Entered STN: 19900319
Last Updated on STN: 19950206
Entered Medline: 19831123

CONTROLLED TERM: Check Tags: Case Report; Female; Human; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Adrenergic alpha-Antagonists: TU, therapeutic use
Adrenergic beta-Antagonists: TU, therapeutic use
Adult
Anemia: CO, complications
Angina Pectoris, Variant: CO, complications
*Angina Pectoris, Variant: DT, drug therapy

Atropine: TU, therapeutic use
Diltiazem: TU, therapeutic use
Drug Therapy, Combination
Epoprostenol: TU, therapeutic use
Exercise Therapy
Hypertension: CO, complications
Hyperthyroidism: CO, complications
Isosorbide Dinitrate: TU, therapeutic use
Middle Age
Nifedipine: TU, therapeutic use
Nitroglycerin: TU, therapeutic use
Nitroprusside: TU, therapeutic use
Nylidrin: TU, therapeutic use
Verapamil: TU, therapeutic use

CAS REGISTRY NO.: 15078-28-1 (Nitroprusside); 21829-25-4 (Nifedipine); 35121-78-9 (Epoprostenol); 42399-41-7 (Diltiazem); 447-41-6 (Nylidrin); 51-55-8 (Atropine); 52-53-9 (Verapamil); 55-63-0 (Nitroglycerin); 87-33-2 (Isosorbide Dinitrate)

CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Adrenergic beta-Antagonists)

L141 ANSWER 19 OF 31 MEDLINE
ACCESSION NUMBER: 83051350 MEDLINE
DOCUMENT NUMBER: 83051350 PubMed ID: 6814784
TITLE: Antiarrhythmic drug combinations in the treatment of ventricular tachycardia.
AUTHOR: Ross D L; Sze D Y; Keefe D L; Swerdlow C D; Echt D S; Griffin J C; Winkle R A; Mason J W
SOURCE: CIRCULATION, (1982 Dec) 66 (6) 1205-10.
Journal code: 0147763. ISSN: 0009-7322.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 198301
ENTRY DATE: Entered STN: 19900317
Last Updated on STN: 19900317
Entered Medline: 19830107

ABSTRACT:
Combinations of antiarrhythmic drugs are frequently used to treat refractory ventricular tachycardia (VT), but few scientific data support this practice. We examined the efficacy and electrophysiology of 110 antiarrhythmic drug combination trials at electrophysiologic study in 74 patients with recurrent ventricular tachycardia. Lidocaine was combined with quinidine in 33 trials, procainamide in 22 and encainide in 20. Propranolol was combined with quinidine in 17 trials, procainamide in 12 and encainide in six. All individual drugs tested (except propranolol, which was usually not tested individually) had failed at electrophysiologic study or clinically in the presence of usually accepted plasma concentrations. Lidocaine in combination with quinidine was effective in 3% of the trials, with procanamide in 5% and with encainide in none of the trials. Propranolol in combination with quinidine was effective in 18% of the trials, with procainamide in 17% and with encainide in none of the trials. The electrophysiologic effects of the tested drug combinations were dominated by the individual effects of the type 1 antiarrhythmic agents. We conclude that the tested antiarrhythmic drug combinations are infrequently effective in preventing VT induction at electrophysiologic study when each agent has failed individually. The addition of lidocaine or propranolol to quinidine, procainamide or encainide does not produce significant synergistic or new effects on the electrophysiologic variables analyzed.

CONTROLLED TERM: Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Aged
Anilides: BL, blood

Anilides: TU, therapeutic use
Anti-Arrhythmia Agents: AE, adverse effects
Anti-Arrhythmia Agents: BL, blood
*Anti-Arrhythmia Agents: TU, therapeutic use
Blood Pressure: DE, drug effects
***Drug Therapy, Combination**
Electrophysiology
Encainide
Lidocaine: AA, analogs & derivatives
Lidocaine: BL, blood
Lidocaine: TU, therapeutic use
Middle Age
Procainamide: BL, blood
Procainamide: TU, therapeutic use
Propranolol: AE, adverse effects
Propranolol: TU, therapeutic use
Quinidine: BL, blood
Quinidine: TU, therapeutic use
*Tachycardia: DT, drug therapy
Tachycardia: PP, physiopathology
Tocainide

CAS REGISTRY NO.: 137-58-6 (Lidocaine); 41708-72-9 (Tocainide); 51-06-9 (Procainamide); 525-66-6 (Propranolol); 56-54-2 (Quinidine); 66778-36-7 (Encainide)
CHEMICAL NAME: 0 (Anilides); 0 (Anti-Arrhythmia Agents)

L141 ANSWER 20 OF 31 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2003036185 EMBASE
TITLE: As we enter the new year, several new drugs will be launched globally.
AUTHOR: Wyllie M.G.
CORPORATE SOURCE: Dr. M.G. Wyllie, Urodoc, Herne Bay, Kent, United Kingdom. mike@urodoc.co.uk
SOURCE: BJU International, (2003) 91/1 (115-116).
ISSN: 1464-4096 CODEN: BJINFO
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
*prostate hypertrophy: DT, drug therapy
erectile dysfunction: DT, drug therapy
urge incontinence: DT, drug therapy
food and drug administration
urine retention
health care
economic aspect
long term care
treatment outcome
drug efficacy
cardiovascular effect
side effect: SI, side effect
patient compliance
human
short survey
priority journal
Drug Descriptors:
*new drug
sildenafil: AE, adverse drug reaction

sildenafil: DT, drug therapy
sildenafil: PD, pharmacology
phosphodiesterase inhibitor
vardenafil
tadalafil
darifenacin: DT, drug therapy
solifenacin: DT, drug therapy
steroid 5alpha reductase: CB, drug combination
steroid 5alpha reductase: DT, drug therapy
alpha adrenergic receptor blocking agent: CB, drug combination
alpha adrenergic receptor blocking agent: DT, drug therapy
steroid 5alpha reductase inhibitor: DT, drug therapy
dutasteride: AE, adverse drug reaction
dutasteride: DT, drug therapy
dutasteride: PD, pharmacology
finasteride: AE, adverse drug reaction
finasteride: DT, drug therapy
androgen: EC, endogenous compound
fiduxosin: DT, drug therapy
adrenergic receptor blocking agent: CB, drug combination
adrenergic receptor blocking agent: DT, drug therapy
parvosin: DT, drug therapy
tamsulosin: DT, drug therapy
oxybutynin: DT, drug therapy
tolterodine: DT, drug therapy
muscarinic receptor blocking agent: CB, drug combination
muscarinic receptor blocking agent: DT, drug therapy
dopamine receptor stimulating agent: AE, adverse drug reaction
dopamine receptor stimulating agent: DT, drug therapy
dopamine receptor stimulating agent: LI, sublingual drug administration
apomorphine: AE, adverse drug reaction
apomorphine: DT, drug therapy
apomorphine: LI, sublingual drug administration
phentolamine: DT, drug therapy
unclassified drug
rxs 70004
uk 380003
rbx 2258

CAS REGISTRY NO.: (sildenafil) 139755-83-2; (vardenafil) 224785-90-4, 224785-91-5, 224789-15-5; (tadalafil) 171596-29-5; (darifenacin) 133099-04-4, 133099-07-7; (solifenacin) 180272-14-4, 180272-16-6, 180468-39-7; (dutasteride) 164656-23-9; (finasteride) 98319-26-7; (fiduxosin) 208992-74-9; (tamsulosin) 106133-20-4, 106138-88-9, 106463-17-6, 80223-99-0, 94666-07-6; (oxybutynin) 1508-65-2, 5633-20-5; (tolterodine) 124937-51-5; (apomorphine) 314-19-2, 58-00-4; (phentolamine) 50-60-2, 73-05-2

CHEMICAL NAME: (1) Rxs 70004; (2) Uk 380003; (3) Rbx 2258

COMPANY NAME: (1) Hoffmann La Roche; (2) Pfizer; (3) Schwarz; Lilly; Yamanouchi; Abbott; Bayer; Ortho

L141 ANSWER 21 OF 31 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 2003124545 EMBASE

TITLE: Efficacy and safety of tolterodine in subjects with symptoms of overactive bladder: An open label, noncomparative, prospective, multicentric study.

AUTHOR: Kumar A.

CORPORATE SOURCE: Prof. A. Kumar, Dept. of Urol. and Renal Transplant.,

SGPGIMS, Rai Bareilly Road, Lucknow 226 014, India
SOURCE: Indian Journal of Urology, (2002) 19/1 (73-78).
Refs: 14
ISSN: 0970-1591 CODEN: IJURE2
COUNTRY: India
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Objective: To evaluate the clinical efficacy and safety of tolterodine 2 mg twice daily in Indian subjects with symptoms of overactive bladder including frequency, urgency with or without urge incontinence. Methods: This multicentric open-label, noncomparative, prospective study was conducted at 7 centers across India. Eligible patients were assigned to treatment with Tab. Tolterodine 2 mg twice daily for 8 weeks. Subjects were seen at visit 1 (day 3 to 10), visit 2 (day 1) and after 8 weeks of treatment. Micturition charts were completed prior to visit 2 and visit 3. Efficacy variables included change from baseline to 8 weeks of treatment in the mean number of micturitions, incontinence episodes/24 hours, mean volume voided per micturition and subjects' perception of treatment benefit. Efficacy was evaluated from patients' micturition diaries. Patients were also assessed for adverse events during the treatment. Results: A total of 127 subjects with symptoms of overactive bladder were enrolled. 8 weeks' treatment with tolterodine resulted in improvement in assessment of all symptoms of overactive bladder. Significant decreases from baseline in both the frequency of micturition (mean .+-. SD of-2.5 .+-. 5.0 per 24 hours, p=0.0001) and the number of incontinence episodes per 24 hours (-1.5.+-.3.8, p=0.0051) and a significant increase in mean volume voided per micturition (+26.+-.55 ml, p=0.0001) were obtained. Treatment was well tolerated and most subjects (71.4%) did not experience any adverse events during the study. The most common adverse event was dry mouth (10.3%). 5 subjects were withdrawn due to adverse events and all the subjects recovered uneventfully. Conclusions: Treatment with Tolterodine 2 mg twice daily was effective and safe in Indian subjects with the symptoms of overactive bladder, as assessed by both objective and subjective criteria.

CONTROLLED TERM: Medical Descriptors:
*overactive bladder: DT, drug therapy
human
major clinical study
multicenter study
clinical trial
adult
aged
female
male
drug efficacy
drug safety
open study
prospective study
drug dose regimen
Indian
urge incontinence: DT, drug therapy
consultation
micturition
urine volume
drug tolerability
side effect: SI, side effect
xerostomia: SI, side effect
disease duration

urine incontinence: DT, drug therapy
autonomic dysfunction: SI, side effect
central nervous system disease: SI, side effect
peripheral neuropathy: SI, side effect
urine retention: SI, side effect
drug fever: SI, side effect
drug withdrawal
anxiety
paresthesia: SI, side effect
hypokinesia: SI, side effect
enzyme blood level
hematuria: SI, side effect
urinary tract infection: SI, side effect
leukocyte count
leukopenia: SI, side effect
gastrointestinal symptom: SI, side effect
hearing disorder: SI, side effect
vestibular disorder: SI, side effect
liver disease: SI, side effect
biliary tract disease: SI, side effect
metabolic disorder: SI, side effect
nutritional disorder: SI, side effect
musculoskeletal disease: SI, side effect
mental disease: SI, side effect
respiratory tract disease: SI, side effect
skin disease: SI, side effect
India
patient attitude
medical record
urinary frequency
perception
liver dysfunction: SI, side effect
article
Drug Descriptors:
*tolterodine: DT, drug therapy
*tolterodine: CT, clinical trial
*tolterodine: PO, oral drug administration
*tolterodine: PD, pharmacology
*tolterodine: AE, adverse drug reaction
***tolterodine: CB, drug combination**
oxybutynin: DT, drug therapy
oxybutynin: AE, adverse drug reaction
amlodipine: DT, drug therapy
amlodipine: CB, drug combination
atenolol: DT, drug therapy
atenolol: CB, drug combination
nifedipine: DT, drug therapy
nifedipine: CB, drug combination
doxazosin: DT, drug therapy
doxazosin: CB, drug combination
paracetamol: DT, drug therapy
paracetamol: CB, drug combination
liver enzyme: EC, endogenous compound
CAS REGISTRY NO.: (tolterodine) 124937-51-5; (oxybutynin) 1508-65-2, 5633-20-5; (amlodipine) 88150-42-9; (atenolol) 29122-68-7; (nifedipine) 21829-25-4; (doxazosin) 74191-85-8; (paracetamol) 103-90-2

L141 ANSWER 22 OF 31 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001083847 EMBASE
TITLE: A review of the treatment options for clozapine-induced hypersalivation.
AUTHOR: Cree A.; Mir S.; Fahy T.

CORPORATE SOURCE: A. Cree, Maudsley Hospital, Denmark Hill, London SE5 8AF, United Kingdom

SOURCE: Psychiatric Bulletin, (2001) 25/3 (114-116).
Refs: 17
ISSN: 0955-6036 CODEN: PBULE5

COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 038 Adverse Reactions Titles
011 Otorhinolaryngology
032 Psychiatry
037 Drug Literature Index
030 Pharmacology
029 Clinical Biochemistry

LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT:
Aims and method: To develop and introduce an evidence-based drug treatment protocol for clozapine-induced hypersalivation, a review of published literature relating to clozapine-induced hypersalivation and its treatment was undertaken in March 2000. The databases searched were Medline, EMBASE and PsychLit, from 1966 to the present. Results: This paper reviews the evidence of the benefit of using antimuscarinic agents, adrenergic antagonists and adrenergic agonists. There is a lack of good-quality controlled-trials, with most papers reporting a series of uncontrolled cases dependent on subjective measures of improvement reported by the patients. However, the published literature suggests a benefit for all of the drug categories reviewed. The most effective treatment may be a combination of terazosin and benzhexol. Clinical implications: Clozapine-induced hypersalivation is not only an embarrassing problem, but can be difficult to treat. An evidence-based prescribing protocol will encourage the use of those drugs found to be the most effective in treating this problem. It will also offer alternatives if a certain treatment is ineffective or intolerable.

CONTROLLED TERM: Medical Descriptors:
*hypersalivation: SI, side effect
*hypersalivation: DT, drug therapy
*hypersalivation: TH, therapy
human
clinical trial
drug efficacy
evidence based medicine
drug tolerability
drug mechanism
receptor blocking
dose response
receptor affinity
depression: SI, side effect
xerostomia: SI, side effect
visual impairment: SI, side effect
diarrhea: SI, side effect
drug penetration
hypotension: SI, side effect
confusion: SI, side effect
schizophrenia: DT, drug therapy
drug response
drug absorption
bradycardia: SI, side effect
contact dermatitis: SI, side effect
psychosis: SI, side effect
swallowing
diet therapy
review
Drug Descriptors:

*clozapine: AE, adverse drug reaction
*clozapine: PD, pharmacology
*clozapine: CT, clinical trial
*clozapine: DO, drug dose
*muscarinic receptor blocking agent: DT, drug therapy
*muscarinic receptor blocking agent: CT, clinical trial
*muscarinic receptor blocking agent: PD, pharmacology
*muscarinic receptor blocking agent: DO, drug dose
*muscarinic receptor blocking agent: AE, adverse drug reaction
*muscarinic receptor blocking agent: PK, pharmacokinetics
*muscarinic receptor blocking agent: CM, drug comparison
*muscarinic receptor blocking agent: LI, sublingual drug administration
*muscarinic receptor blocking agent: NA, intranasal drug administration
***muscarinic receptor blocking agent: CB, drug combination**
*adrenergic receptor blocking agent: DT, drug therapy
*adrenergic receptor blocking agent: CT, clinical trial
*adrenergic receptor blocking agent: PD, pharmacology
*adrenergic receptor blocking agent: CB, drug combination
*adrenergic receptor blocking agent: AE, adverse drug reaction
*adrenergic receptor blocking agent: CM, drug comparison
*adrenergic receptor blocking agent: DO, drug dose
*adrenergic receptor stimulating agent: DT, drug therapy
*adrenergic receptor stimulating agent: CT, clinical trial
*adrenergic receptor stimulating agent: PD, pharmacology
*adrenergic receptor stimulating agent: DO, drug dose
*adrenergic receptor stimulating agent: AE, adverse drug reaction
terazosin: DT, drug therapy
terazosin: CB, drug combination
terazosin: PD, pharmacology
terazosin: AE, adverse drug reaction
terazosin: CM, drug comparison
terazosin: CT, clinical trial
terazosin: DO, drug dose
trihexyphenidyl: DT, drug therapy
trihexyphenidyl: CB, drug combination
trihexyphenidyl: PD, pharmacology
trihexyphenidyl: PK, pharmacokinetics
trihexyphenidyl: AE, adverse drug reaction
trihexyphenidyl: DO, drug dose
trihexyphenidyl: CM, drug comparison
muscarinic receptor: EC, endogenous compound
adrenergic receptor: EC, endogenous compound
amitriptyline: DT, drug therapy
amitriptyline: PD, pharmacology
amitriptyline: DO, drug dose
pirenzepine: DT, drug therapy
pirenzepine: PD, pharmacology
pirenzepine: AE, adverse drug reaction
pirenzepine: DO, drug dose
benzatropine: DT, drug therapy
benzatropine: PD, pharmacology
benzatropine: CM, drug comparison
benzatropine: AE, adverse drug reaction
benzatropine: DO, drug dose
benzatropine: CT, clinical trial
benzatropine: CB, drug combination
atropine: DT, drug therapy

atropine: PD, pharmacology
atropine: AE, adverse drug reaction
atropine: LI, sublingual drug administration
atropine: DO, drug dose
scopolamine bromide: DT, drug therapy
scopolamine bromide: PD, pharmacology
ipratropium bromide: DT, drug therapy
ipratropium bromide: PD, pharmacology
ipratropium bromide: NA, intranasal drug administration
ipratropium bromide: PK, pharmacokinetics
ipratropium bromide: AE, adverse drug reaction
ipratropium bromide: CT, clinical trial
clonidine: DT, drug therapy
clonidine: PD, pharmacology
clonidine: DO, drug dose
clonidine: AE, adverse drug reaction
lofexidine: DT, drug therapy
lofexidine: PD, pharmacology
lofexidine: DO, drug dose
lofexidine: AE, adverse drug reaction

CAS REGISTRY NO.: (clozapine) 5786-21-0; (terazosin) 63074-08-8, 63590-64-7; (trihexyphenidyl) 144-11-6, 52-49-3; (amitriptyline) 50-48-6, 549-18-8; (pirenzepine) 28797-61-7, 29868-97-1; (benzatropine) 86-13-5; (atropine) 51-55-8, 55-48-1; (scopolamine bromide) 114-49-8; (ipratropium bromide) 22254-24-6; (clonidine) 4205-90-7, 4205-91-8, 57066-25-8; (lofexidine) 31036-80-3

L141 ANSWER 23 OF 31 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2000081881 EMBASE
TITLE: Pharmacologic management of urinary incontinence.
AUTHOR: Lackner T.E.
CORPORATE SOURCE: Dr. T.E. Lackner, College of Pharmacy, Weaver-Densford Hall, University of Minnesota, 308 Harvard St SE, Minneapolis, MN 55455, United States. lackn001@tc.umn.edu
SOURCE: Annals of Long-Term Care, (2000) 8/2 (29-37).
Refs: 30
ISSN: 1524-7929 CODEN: ALTCFF
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 020 Gerontology and Geriatrics
028 Urology and Nephrology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Urinary incontinence, overactive bladder without incontinence, and their complications are widespread. They constitute an important cause of medical, psychosocial, and hygienic problems and an economic burden in the long-term care population. Treatment of urinary incontinence/overactive bladder can significantly relieve symptoms, with complete continence restored in some patients. As an adjunct to nonpharmacologic therapies, new drugs are associated with a lower risk of adverse drug reactions, improved patient tolerance, and greater convenience than traditional agents and may enable a greater number of patients to realize improved bladder control.

CONTROLLED TERM: Medical Descriptors:
*urine incontinence: DM, disease management
*urine incontinence: DT, drug therapy
*urine incontinence: ET, etiology
*urine incontinence: TH, therapy

*stress incontinence: DM, disease management
*stress incontinence: DT, drug therapy
*stress incontinence: ET, etiology
*stress incontinence: TH, therapy
incontinence: DM, disease management
incontinence: DT, drug therapy
incontinence: ET, etiology
incontinence: TH, therapy
geriatric patient
detrusor muscle
bladder contraction
drug metabolism
drug effect
drug induced disease: SI, side effect
drug cost
human
aged
review
Drug Descriptors:
*cholinergic receptor blocking agent: AE, adverse drug reaction
*cholinergic receptor blocking agent: DO, drug dose
*cholinergic receptor blocking agent: IT, drug interaction
*cholinergic receptor blocking agent: DT, drug therapy
*cholinergic receptor blocking agent: PR, pharmaceutics
*cholinergic receptor blocking agent: PK, pharmacokinetics
*cholinergic receptor blocking agent: PO, oral drug administration
*tolterodine: AE, adverse drug reaction
*tolterodine: DO, drug dose
***tolterodine: IT, drug interaction**
*tolterodine: DT, drug therapy
*tolterodine: PE, pharmacoeconomics
*tolterodine: PK, pharmacokinetics
*tolterodine: PO, oral drug administration
*cholinergic receptor stimulating agent: AE, adverse drug reaction
*cholinergic receptor stimulating agent: DO, drug dose
*cholinergic receptor stimulating agent: IT, drug interaction
*cholinergic receptor stimulating agent: DT, drug therapy
*cholinergic receptor stimulating agent: PE, pharmacoeconomics
*cholinergic receptor stimulating agent: PO, oral drug administration
*cholinergic receptor stimulating agent: SC, subcutaneous drug administration
*bethanechol: AE, adverse drug reaction
*bethanechol: DO, drug dose
*bethanechol: IT, drug interaction
*bethanechol: DT, drug therapy
*bethanechol: PE, pharmacoeconomics
*bethanechol: PO, oral drug administration
*bethanechol: SC, subcutaneous drug administration
*alpha adrenergic receptor stimulating agent: AE, adverse drug reaction
*alpha adrenergic receptor stimulating agent: DO, drug dose
*alpha adrenergic receptor stimulating agent: IT, drug interaction
*alpha adrenergic receptor stimulating agent: DT, drug therapy
*alpha adrenergic receptor stimulating agent: PE, pharmacoeconomics

*alpha adrenergic receptor stimulating agent: PO, oral drug administration
*alpha 1 adrenergic receptor blocking agent: AE, adverse drug reaction
*alpha 1 adrenergic receptor blocking agent: DO, drug dose
*alpha 1 adrenergic receptor blocking agent: IT, drug interaction
*alpha 1 adrenergic receptor blocking agent: DT, drug therapy
*alpha 1 adrenergic receptor blocking agent: PE, pharmacoeconomics
*alpha 1 adrenergic receptor blocking agent: PO, oral drug administration
*tricyclic antidepressant agent: AE, adverse drug reaction
*tricyclic antidepressant agent: DO, drug dose
*tricyclic antidepressant agent: IT, drug interaction
*tricyclic antidepressant agent: DT, drug therapy
*tricyclic antidepressant agent: PE, pharmacoeconomics
*tricyclic antidepressant agent: PO, oral drug administration
estrogen: AE, adverse drug reaction
estrogen: DT, drug therapy
estrogen: PE, pharmacoeconomics
estrogen: VA, intravaginal drug administration
estrogen: DL, intradermal drug administration
antiestrogen: AE, adverse drug reaction
antiestrogen: DT, drug therapy
antiestrogen: PE, pharmacoeconomics
antiestrogen: PO, oral drug administration
finasteride: AE, adverse drug reaction
finasteride: DT, drug therapy
finasteride: PE, pharmacoeconomics
finasteride: PO, oral drug administration
doxazosin: AE, adverse drug reaction
doxazosin: DO, drug dose
doxazosin: IT, drug interaction
doxazosin: DT, drug therapy
doxazosin: PE, pharmacoeconomics
doxazosin: PO, oral drug administration
tamsulosin: AE, adverse drug reaction
tamsulosin: DO, drug dose
tamsulosin: IT, drug interaction
tamsulosin: DT, drug therapy
tamsulosin: PE, pharmacoeconomics
tamsulosin: PO, oral drug administration
terazosin: AE, adverse drug reaction
terazosin: DO, drug dose
terazosin: IT, drug interaction
terazosin: DT, drug therapy
terazosin: PE, pharmacoeconomics
terazosin: PO, oral drug administration
oxybutynin: AE, adverse drug reaction
oxybutynin: DO, drug dose
oxybutynin: IT, drug interaction
oxybutynin: DT, drug therapy
oxybutynin: PE, pharmacoeconomics
oxybutynin: PO, oral drug administration
propantheline bromide: AE, adverse drug reaction
propantheline bromide: DO, drug dose
propantheline bromide: IT, drug interaction
propantheline bromide: DT, drug therapy
propantheline bromide: PE, pharmacoeconomics
propantheline bromide: PO, oral drug administration

phenylpropanolamine: AE, adverse drug reaction
phenylpropanolamine: DO, drug dose
phenylpropanolamine: IT, drug interaction
phenylpropanolamine: DT, drug therapy
phenylpropanolamine: PE, pharmacoeconomics
phenylpropanolamine: PO, oral drug administration
pseudoephedrine: AE, adverse drug reaction
pseudoephedrine: DO, drug dose
pseudoephedrine: IT, drug interaction
pseudoephedrine: DT, drug therapy
pseudoephedrine: PE, pharmacoeconomics
pseudoephedrine: PO, oral drug administration
Sabal extract: AE, adverse drug reaction
Sabal extract: DT, drug therapy
Sabal extract: PE, pharmacoeconomics
desipramine: AE, adverse drug reaction
desipramine: DO, drug dose
desipramine: IT, drug interaction
desipramine: DT, drug therapy
desipramine: PE, pharmacoeconomics
desipramine: PO, oral drug administration
doxepin: AE, adverse drug reaction
doxepin: DO, drug dose
doxepin: IT, drug interaction
doxepin: DT, drug therapy
doxepin: PE, pharmacoeconomics
doxepin: PO, oral drug administration
imipramine: AE, adverse drug reaction
imipramine: DO, drug dose
imipramine: IT, drug interaction
imipramine: DT, drug therapy
imipramine: PE, pharmacoeconomics
imipramine: PO, oral drug administration
nortriptyline: AE, adverse drug reaction
nortriptyline: DO, drug dose
nortriptyline: IT, drug interaction
nortriptyline: DT, drug therapy
nortriptyline: PE, pharmacoeconomics
nortriptyline: PO, oral drug administration
antihypertensive agent: IT, drug interaction
theophylline: IT, drug interaction
steroid: IT, drug interaction
monoamine oxidase inhibitor: IT, drug interaction
antibiotic agent: IT, drug interaction
cannabinoid: IT, drug interaction
antifungal agent: IT, drug interaction
unindexed drug

CAS REGISTRY NO.: (tolterodine) 124937-51-5; (bethanechol) 590-63-6, 674-38-4, 91609-06-2; (finasteride) 98319-26-7; (doxazosin) 74191-85-8; (tamsulosin) 80223-99-0; (terazosin) 63074-08-8, 63590-64-7; (oxybutynin) 1508-65-2, 5633-20-5; (propantheline bromide) 298-50-0, 50-34-0; (phenylpropanolamine) 14838-15-4, 154-41-6, 4345-16-8, 48115-38-4; (pseudoephedrine) 345-78-8, 7460-12-0, 90-82-4; (desipramine) 50-47-5, 58-28-6; (doxepin) 1229-29-4, 1668-19-5; (imipramine) 113-52-0, 50-49-7; (nortriptyline) 72-69-5, 894-71-3; (theophylline) 58-55-9, 5967-84-0, 8055-07-0, 8061-56-1, 99007-19-9

L141 ANSWER 24 OF 31 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 1999208638 EMBASE
TITLE: Effects of a .beta.2-agonist on airway hyperreactivity in subjects with cervical spinal cord injury.

AUTHOR: DeLuca R.V.; Grimm D.R.; Lesser M.; Bauman W.A.; Almenoff P.L.
CORPORATE SOURCE: Dr. M. Lesser, Spinal Cord Damage Research, 130 West Kingsbridge Road, Bronx, NY 10468, United States
SOURCE: Chest, (1999) 115/6 (1533-1538).
Refs: 41
ISSN: 0012-3692 CODEN: CHETBF
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
015 Chest Diseases, Thoracic Surgery and Tuberculosis
033 Orthopedic Surgery
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Study Objective: Aerosolized ipratropium bromide or orally administered baclofen or oxybutynin chloride (Ditropan) block methacholine-associated airway hyperreactivity in subjects with chronic cervical spinal cord injury (SCI), whereas these agents do not inhibit airway hyperreactivity associated with the inhalation of histamine. The present study was performed to determine whether pretreatment with a .beta.2-agonist attenuates airway hyperresponsiveness in these subjects. Participants: Subjects with chronic cervical SCI previously demonstrating airway hyperreactivity were challenged with methacholine (n = 9) or histamine (n = 16) alone and, on a separate day, 25 min following inhalation of nebulized metaproterenol sulfate. Results: Inhalation of the .beta.2-agonist was associated with an increase in provocative concentration causing a 20% decrease in FEV1 (PC20) values (geometric mean) from 1.01 .+-. 2.76 to 20.54 .+-. 6.24 mg/mL for methacholine and from 2.29 .+-. 2.26 to 19.82 .+-. 5.93 mg/mL for histamine. No correlation was found between specific PC20 values for individual subjects and percentage improvement in FEV1 (liter) following inhalation of metaproterenol sulfate and between PC20 values and baseline FEV1 percent. Conclusion: These data, combined with findings that patients with chronic high cervical SCI experience increased breathlessness following exposure to exogenous agents, suggest that long-term prophylactic .beta.2-agonist therapy may reduce respiratory symptoms associated with airway hyperreactivity in these patients.

CONTROLLED TERM: Medical Descriptors:
*bronchus hyperreactivity: DT, drug therapy
*bronchus hyperreactivity: PC, prevention
*cervical spinal cord injury: DT, drug therapy
disease association
drug effect
aerosol
provocation test
forced expiratory volume
dyspnea
prophylaxis
spirometry
smoking
quadriplegia: DT, drug therapy
bronchospasm
human
male
clinical article
clinical trial
aged
adult
oral drug administration
inhalational drug administration
article
priority journal

Drug Descriptors:
*beta 2 adrenergic receptor stimulating agent: DT, drug therapy
*ipratropium bromide: CT, clinical trial
*ipratropium bromide: CM, drug comparison
*ipratropium bromide: DT, drug therapy
*oxybutynin: CT, clinical trial
***oxybutynin: CB, drug combination**
*oxybutynin: CM, drug comparison
*oxybutynin: DT, drug therapy
methacholine
histamine
orciprenaline
diazepam: CB, drug combination
diazepam: DT, drug therapy
amitriptyline: CB, drug combination
amitriptyline: DT, drug therapy
docusate sodium: CB, drug combination
docusate sodium: DT, drug therapy
baclofen: CB, drug combination
baclofen: DT, drug therapy
prazosin: CB, drug combination
prazosin: DT, drug therapy
captopril: CB, drug combination
captopril: DT, drug therapy
butalbital: CB, drug combination
butalbital: DT, drug therapy
phenytoin: CB, drug combination
phenytoin: DT, drug therapy
methenamine mandelate: CB, drug combination
methenamine mandelate: DT, drug therapy
cimetidine: CB, drug combination

CAS REGISTRY NO.: (ipratropium bromide) 22254-24-6; (oxybutynin) 1508-65-2, 5633-20-5; (methacholine) 55-92-5; (histamine) 51-45-6, 56-92-8, 93443-21-1; (orciprenaline) 586-06-1, 5874-97-5; (diazepam) 439-14-5; (amitriptyline) 50-48-6, 549-18-8; (docusate sodium) 577-11-7; (baclofen) 1134-47-0; (prazosin) 19216-56-9, 19237-84-4; (captopril) 62571-86-2; (butalbital) 51005-25-5, 77-26-9; (phenytoin) 57-41-0, 630-93-3; (methenamine mandelate) 587-23-5; (cimetidine) 51481-61-9, 70059-30-2

L141 ANSWER 25 OF 31 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 96373790 EMBASE
DOCUMENT NUMBER: 1996373790
TITLE: Clozapine-induced urinary incontinence: Incidence and treatment with ephedrine.
AUTHOR: Fuller M.A.; Borovicka M.C.; Jaskiw G.E.; Simon M.R.; Kwon K.; Konicki P.E.
CORPORATE SOURCE: Pharmacy Service 119(B), 10000 Brecksville Road,Brecksville, OH 44141, United States
SOURCE: Journal of Clinical Psychiatry, (1996) 57/11 (514-518). ISSN: 0160-6689 CODEN: JCLPDE
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 028 Urology and Nephrology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Background: Treatment with the atypical antipsychotic drug clozapine appears to

be associated with an increased incidence of urinary incontinence (UI). We posited that the potent anti-.alpha.-adrenergic effects of clozapine were involved, and hence that an .alpha.-adrenergic agonist would reduce UI. We tested this hypothesis by using ephedrine, an approved .alpha.-adrenergic agonist. Method: Fifty-seven inpatients with schizophrenia or schizoaffective disorder (DSM-IV) who met the Kane criteria for being treatment refractory were treated with clozapine (75-900 mg/day). Patients who developed UI were then openly treated with ephedrine in increasing doses until UI was attenuated or a dose of 150 mg/day was attained. Results: Seventeen patients developed UI as evidenced by either urine-stained sheets/clothing or direct patient reports. In 2 cases, the UI was sufficiently severe that adult diapers had to be used. Comparison of patients who developed UI and those who did not showed that UI was associated with female gender and with concomitant treatment with typical antipsychotic drugs. One patient was treated with a behavioral program, but the remaining 16 patients were treated with ephedrine. Ephedrine treatment was very effective, with 15/16 patients showing improvement within 24 hours after reaching maximum ephedrine dosage. Twelve of 16 (including the 2 most severe) eventually had a complete remission of their UI. In the remaining 4 patients, 3 had a reduction in the frequency of UI and 1 showed no response. These benefits have been maintained over the course of 12 months of subsequent treatment for several patients. There were no side effects associated with the use of ephedrine nor were there any changes in neuropsychiatric status. Conclusion: Ephedrine appears to be a safe and effective treatment for clozapine-associated UI. By inference, it is likely that clozapine may cause UI via its anti-.alpha.-adrenergic properties.

CONTROLLED TERM:

Medical Descriptors:
*urine incontinence: DT, drug therapy
*urine incontinence: SI, side effect
adult
aged
article
clinical trial
drug efficacy
female
human
major clinical study
male
oral drug administration
priority journal
risk factor
schizoidism: DT, drug therapy
schizoidism: DR, drug resistance
schizophrenia: DT, drug therapy
schizophrenia: DR, drug resistance
Drug Descriptors:
*alpha adrenergic receptor stimulating agent: CT, clinical trial
*alpha adrenergic receptor stimulating agent: DT, drug therapy
*clozapine: DT, drug therapy
*clozapine: CB, drug combination
*clozapine: AE, adverse drug reaction
*ephedrine: DT, drug therapy
*ephedrine: CT, clinical trial
*neuroleptic agent: DT, drug therapy
*neuroleptic agent: AE, adverse drug reaction
amantadine: CB, drug combination
amantadine: DT, drug therapy
benzatropine: DT, drug therapy
benzatropine: CB, drug combination
benzatropine mesilate
benzodiazepine derivative: DT, drug therapy

benzodiazepine derivative: CB, drug combination
beta adrenergic receptor blocking agent: CB, drug combination
beta adrenergic receptor blocking agent: DT, drug therapy
cholinergic receptor blocking agent: CB, drug combination
cholinergic receptor blocking agent: DT, drug therapy
doxazosin: CB, drug combination
doxazosin: DT, drug therapy
haloperidol: DT, drug therapy
oxybutynin: DT, drug therapy
oxybutynin: CB, drug combination
propranolol: CB, drug combination
propranolol: DT, drug therapy
trihexyphenidyl

CAS REGISTRY NO.: (clozapine) 5786-21-0; (ephedrine) 299-42-3, 50-98-6; (amantadine) 665-66-7, 768-94-5; (benzatropine) 86-13-5; (benzatropine mesilate) 132-17-2; (doxazosin) 74191-85-8; (haloperidol) 52-86-8; (oxybutynin) 1508-65-2, 5633-20-5; (propranolol) 13013-17-7, 318-98-9, 3506-09-0, 4199-09-1, 525-66-6; (trihexyphenidyl) 144-11-6, 52-49-3

CHEMICAL NAME: Clozaril; Cardura; Ditropan; Symmetrel; Cogentin; Haldol; Inderal; Artane

L141 ANSWER 26 OF 31 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 97019409 EMBASE
DOCUMENT NUMBER: 1997019409
TITLE: McN-A-343 increases renal sympathetic nerve activity and blood pressure by a muscarinic and a non-muscarinic mechanism in the rat.
AUTHOR: Martin J.R.
CORPORATE SOURCE: J.R. Martin, Department of Pharmacology, Kirksville Coll.Osteopathic Medicine, Kirksville, MO 63501, United States
SOURCE: Journal of Autonomic Pharmacology, (1996) 16/5 (281-292). Refs: 36
ISSN: 0144-1795 CODEN: JAPHDU
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 002 Physiology
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
1. Intravenous administration of the putative M1 muscarinic agonist McN-A-343 to conscious rats evokes an increase in mean arterial pressure (MAP) which can be blocked by muscarinic receptor antagonists. The present study was undertaken to evaluate the increase in MAP and renal sympathetic nerve activity (RSNA) evoked by intravenous administration of McN-A-343 to urethane-anaesthetized rats. 2. McN-A-343 (0.1-0.3 mg kg-1) evoked a concurrent increase in MAP and RSNA which could be inhibited by the nonselective muscarinic receptor antagonist methylatropine or the selective M1 muscarinic receptor antagonist telenzepine. Administration of higher doses of McN-A-343 (0.3-1.2 mg kg-1) in the presence of muscarinic receptor blockade evoked brief bursts in RSNA accompanied by increases in MAP. 3. The increases in MAP, but not the increases in RSNA, evoked by all doses of McN-A-343 could be attenuated by the selective .alpha.1-adrenoceptor antagonist prazosin. Adding the selective .alpha.2-adrenoceptor antagonist yohimbine to prazosin did not further inhibit the presser response to the low doses of McN-A-343. 4. The irreversible .alpha.-adrenoceptor and NPY receptor antagonist benextramine also attenuated the presser response evoked by the low doses of McN-A-343 but not the increases in RSNA. However, when combined with muscarinic receptor blockade, benextramine

completely inhibited the brief bursts in RSNA, and thus also the increases in MAP, evoked by the high doses of McN-A-343. 5. The pressor response remaining after the administration of high doses of McN-A-343 to rats pretreated with prazosin and methylatropine was inhibited by treatment with .alpha.,.beta.-methylene ATP. 6. These results show that McN-A-343 evokes increases in RSNA by muscarinic and non-muscarinic mechanisms. Furthermore, the subsequent increase in MAP is primarily dependent upon activation of vascular .alpha.1-adrenoceptors, but may also involve activation of P(2x) receptors.

CONTROLLED TERM: Medical Descriptors:
*blood pressure
*kidney nerve
animal experiment
article
controlled study
intravenous drug administration
male
nonhuman
rat
Drug Descriptors:
*[4 [(3 chlorophenyl)carbamoyloxy] 2 butynyl]trimethylammonium: PD, pharmacology
*[4 [(3 chlorophenyl)carbamoyloxy] 2 butynyl]trimethylammonium: DO, drug dose
benextramine: CB, drug combination
benextramine: PD, pharmacology
benextramine: CM, drug comparison
methylatropine: PD, pharmacology
methylatropine: CB, drug combination
methylatropine: CM, drug comparison
muscarinic agent: PD, pharmacology
muscarinic agent: CM, drug comparison
muscarinic agent: CB, drug combination
muscarinic receptor blocking agent: CB, drug combination
muscarinic receptor blocking agent: CM, drug comparison
muscarinic receptor blocking agent: PD, pharmacology
neuropeptide y receptor antagonist: PD, pharmacology
neuropeptide y receptor antagonist: CM, drug comparison
neuropeptide y receptor antagonist: CB, drug combination
prazosin: CB, drug combination
prazosin: CM, drug comparison
prazosin: PD, pharmacology
telenzepine: CM, drug comparison
telenzepine: PD, pharmacology
telenzepine: CB, drug combination
yohimbine: CB, drug combination
yohimbine: CM, drug comparison
yohimbine: PD, pharmacology

CAS REGISTRY NO.: ([4 [(3 chlorophenyl)carbamoyloxy] 2 butynyl]trimethylammonium) 55-45-8; (benextramine) 68535-69-3; (methylatropine) 31610-87-4; (prazosin) 19216-56-9, 19237-84-4; (telenzepine) 80880-90-6; (yohimbine) 146-48-5, 65-19-0

CHEMICAL NAME: (1) Mcn a 343

COMPANY NAME: (1) Rbi; Sigma

L141 ANSWER 27 OF 31 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 96081858 EMBASE
DOCUMENT NUMBER: 1996081858
TITLE: Effect of receptor blockers on brain natriuretic peptide and C-type natriuretic peptide caused anxiolytic state in rats.

AUTHOR: Biro E.; Toth G.; Telegdy G.
CORPORATE SOURCE: Department Pathophysiology, Albert Szent-Gyorgyi Medical Univ., P.O. Box 531,6701 Szeged, Hungary
SOURCE: Neuropeptides, (1996) 30/1 (59-65).
ISSN: 0143-4179 CODEN: NRPPDD
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 003 Endocrinology
032 Psychiatry
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Effect of different doses of centrally administered brain natriuretic peptide (BNP) and C-type natriuretic peptide (CNP) were examined in rats with respect to anxiolytic properties in an elevated plus-maze model. BNP in doses of 100, 200 and 400 ng, and CNP in doses of 100 and 200 ng abolished the normal preference for the closed arms of the maze, and increased the percentage time spent in the open arms; this is consistent with an 'anxiolytic-like' effect. Doses of 50 and 1000 ng BNP, and of 25, 50, 400 and 1000 ng CNP produced no behavioural effects in the elevated plus-maze model. Pretreatment with an .alpha.-adrenoreceptor antagonist or a muscarinergic cholinergic blocker, antagonized the effect of 200 ng BNP in the elevated plus-maze test. The 'anxiolytic-like' effects of a BNP were not modulated by a dopaminergic blocker, an .alpha.-adrenoreceptor antagonist, a GABA receptor antagonist, a 5-HT receptor antagonist or an opiate antagonist. The 'anxiolytic-like' effect of CNP was prevented by a dopamine receptor antagonist, or an .alpha.- or .beta.-adrenoreceptor blocker but not by a muscarinergic cholinergic blocker, a GABA receptor, a 5-HT receptor antagonist or an opiate receptor antagonist. These results suggest that multiple neurotransmitter system activation might be responsible for the BNP and CNP-induced 'anxiolytic-like' activity.

CONTROLLED TERM: Medical Descriptors:
*anxiety
animal experiment
article
behavior
controlled study
intracerebroventricular drug administration ,
intraperitoneal drug administration
male
maze test
nonhuman
priority journal
rat
drug therapy
Drug Descriptors:
***alpha adrenergic receptor blocking agent: CB, drug combination**
*alpha adrenergic receptor blocking agent: PD, pharmacology
*alpha adrenergic receptor blocking agent: IT, drug interaction
*anxiolytic agent: DV, drug development
*brain natriuretic peptide: PD, pharmacology
*brain natriuretic peptide: DO, drug dose
*brain natriuretic peptide: CB, drug combination
*brain natriuretic peptide: CM, drug comparison
*brain natriuretic peptide: IT, drug interaction
*dopamine receptor blocking agent: CM, drug comparison
*dopamine receptor blocking agent: CB, drug combination
*dopamine receptor blocking agent: PD, pharmacology
4 aminobutyric acid receptor blocking agent: CM, drug

comparison
4 aminobutyric acid receptor blocking agent: CB, drug combination
4 aminobutyric acid receptor blocking agent: PD, pharmacology
atropine: CM, drug comparison
atropine: CB, drug combination
atropine: IT, drug interaction
atropine: PD, pharmacology
bicuculline: CB, drug combination
bicuculline: PD, pharmacology
bicuculline: CM, drug comparison
haloperidol: CB, drug combination
haloperidol: PD, pharmacology
haloperidol: CM, drug comparison
methysergide: PD, pharmacology
methysergide: CM, drug comparison
methysergide: CB, drug combination
muscarinic receptor blocking agent: PD, pharmacology
muscarinic receptor blocking agent: IT, drug interaction
muscarinic receptor blocking agent: CB, drug combination
muscarinic receptor blocking agent: CM, drug comparison
naloxone: CB, drug combination
naloxone: CM, drug comparison
naloxone: PD, pharmacology
natriuretic peptide: PD, pharmacology
natriuretic peptide: CB, drug combination
natriuretic peptide: CM, drug comparison
natriuretic peptide: IT, drug interaction
natriuretic peptide: DO, drug dose
opiate antagonist: PD, pharmacology
opiate antagonist: CM, drug comparison
opiate antagonist: CB, drug combination
phenoxybenzamine: CM, drug comparison
phenoxybenzamine: CB, drug combination
phenoxybenzamine: PD, pharmacology
phenoxybenzamine: IT, drug interaction
propranolol: CB, drug combination
propranolol: IT, drug interaction
propranolol: PD, pharmacology
serotonin antagonist: CM, drug comparison
serotonin antagonist: CB, drug combination
serotonin antagonist: PD, pharmacology
unclassified drug

CAS REGISTRY NO.: (brain natriuretic peptide) 114471-18-0; (atropine) 51-55-8, 55-48-1; (bicuculline) 485-49-4; (haloperidol) 52-86-8; (methysergide) 16509-15-2, 361-37-5, 62288-72-6; (naloxone) 357-08-4, 465-65-6; (phenoxybenzamine) 59-96-1, 63-92-3; (propranolol) 13013-17-7, 318-98-9, 3506-09-0, 4199-09-1, 525-66-6

COMPANY NAME: Bachem (United States); Smith kline and french (United Kingdom); Sigma (United States); Sandoz (Germany); Endo laboratories (United States); Egys (Hungary)

L141 ANSWER 28 OF 31 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 92346906 EMBASE
DOCUMENT NUMBER: 1992346906
TITLE: Clinical pharmacology in neurourology.
AUTHOR: Appell R.A.
CORPORATE SOURCE: Department of Urology, Louisiana State Univ. Medical Center, 1542 Tulane Avenue,New Orleans, LA 70112-2822, United States

SOURCE: Problems in Urology, (1992) 6/4 I (622-642).
ISSN: 0889-471X CODEN: PRUREX
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Pharmacotherapy may be used to treat individuals with various voiding dysfunctions, especially those of a neurogenic etiology. Based upon the neurophysiology of the lower urinary tract, it would be expected that certain pharmacologic agents facilitate bladder emptying while others facilitate bladder storage. The clinical application of currently available pharmacologic agents in the management of neurogenic vesicourethral dysfunction is reviewed with regard to efficacy and safety of specific medications.

CONTROLLED TERM: Medical Descriptors:
*urinary dysfunction: DT, drug therapy
binding site
bladder contraction
bladder pressure
drug contraindication
drug mechanism
drug potentiation
human
intravenous drug administration
micturition
oral drug administration
review
Drug Descriptors:
*alpha adrenergic receptor blocking agent: PD, pharmacology
*alpha adrenergic receptor blocking agent: DT, drug therapy
*muscarinic receptor blocking agent: PD, pharmacology
*muscarinic receptor blocking agent: DT, drug therapy
*muscle relaxant agent: PD, pharmacology
*muscle relaxant agent: DT, drug therapy
*spasmolytic agent: PD, pharmacology
*spasmolytic agent: DT, drug therapy
*tricyclic antidepressant agent: DT, drug therapy
*tricyclic antidepressant agent: PD, pharmacology
alpha adrenergic receptor stimulating agent: DT, drug therapy
baclofen: DT, drug therapy
baclofen: PD, pharmacology
benzodiazepine derivative: DT, drug therapy
benzodiazepine derivative: PD, pharmacology
beta adrenergic receptor blocking agent
bethanechol: CB, drug combination
bethanechol: DT, drug therapy
bethanechol: PD, pharmacology
chlorpromazine: DT, drug therapy
dantrolene: PD, pharmacology
dantrolene: DT, drug therapy
dicycloverine: DT, drug therapy
dicycloverine: PD, pharmacology
estrogen: DT, drug therapy
estrogen: PD, pharmacology
flavoxate: DT, drug therapy
flavoxate: PD, pharmacology
haloperidol: DT, drug therapy
imipramine: PD, pharmacology

imipramine: DT, drug therapy
imipramine: CB, drug combination
metoclopramide: PD, pharmacology
metoclopramide: CB, drug combination
metoclopramide: DT, drug therapy
oxybutynin: CB, drug combination
oxybutynin: DT, drug therapy
oxybutynin: PD, pharmacology
propantheline bromide: CB, drug combination
prostaglandin inhibitor: DT, drug therapy
prostaglandin inhibitor: PD, pharmacology
terazosin: CB, drug combination
terbutaline: DT, drug therapy
terbutaline: PD, pharmacology

CAS REGISTRY NO.: (muscle relaxant agent) 9008-44-0; (baclofen) 1134-47-0; (bethanechol) 590-63-6, 674-38-4, 91609-06-2; (chlorpromazine) 50-53-3, 69-09-0; (dantrolene) 14663-23-1, 7261-97-4; (dicycloverine) 50815-09-3, 67-92-5, 77-19-0; (flavoxate) 15301-69-6, 3717-88-2; (haloperidol) 52-86-8; (imipramine) 113-52-0, 50-49-7; (metoclopramide) 12707-59-4, 2576-84-3, 364-62-5, 7232-21-5; (oxybutynin) 1508-65-2, 5633-20-5; (propantheline bromide) 298-50-0, 50-34-0; (terazosin) 63074-08-8, 63590-64-7; (terbutaline) 23031-25-6

CHEMICAL NAME: (1) Thorazine
COMPANY NAME: (1) Smithkline beckman corporation (United States)

L141 ANSWER 29 OF 31 WPIDS (C) 2003 THOMSON DERWENT
ACCESSION NUMBER: 2003-371870 [35] WPIDS
DOC. NO. CPI: C2003-098712
TITLE: Pharmaceutical composition useful for treating urinary disorders, comprising **combination** of muscarinic receptor or **alpha-adrenergic** receptor **antagonist**, 5 alpha reductase inhibitor and 5HT-1 alpha receptor agonist or antagonist.
DERWENT CLASS: B05
INVENTOR(S): ANDERSSON, P; ARNERIC, S P
PATENT ASSIGNEE(S): (ANDE-I) ANDERSSON P; (ARNE-I) ARNERIC S P; (PHAA) PHARMACIA AB
COUNTRY COUNT: 100
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
WO 2003026564	A2	20030403	(200335)*	EN	12	A61K000-00
US 2003060513	A1	20030327	(200335)			A61K031-137

RW: AT BE BG CH CY CZ DE DK EA EE ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SK SL SZ TR TZ UG ZM ZW
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG US UZ VN YU ZA ZM ZW

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2003026564	A2	WO 2002-SE1748	20020926
US 2003060513	A1	US 2001-965556	20010927

PRIORITY APPLN. INFO: SE 2001-3858 20011120; US 2001-965556

20010927
INT. PATENT CLASSIF.:
MAIN: A61K000-00; A61K031-137
BASIC ABSTRACT:
WO2003026564 A UPAB: 20030603
NOVELTY - A pharmaceutical composition (A) comprises:
(i) compound (I) selected from **muscarinic** receptor **antagonist**, 5 alpha -reductase inhibitor and **alpha** - **adrenergic** receptor **antagonists** or its precursors and salts (preferably **muscarinic** receptor **antagonist**);
(ii) compound (II) selected from 5-HT-1 alpha receptor agonist or antagonist or its salts (preferably 5-HT-1 alpha receptor antagonist); and
(iii) optionally carrier or diluent.
DETAILED DESCRIPTION - An INDEPENDENT CLAIM is also included for a kit for therapeutic treatment of urinary disorder in a mammal including humans comprising (I), (II) and optionally instructions for use.
ACTIVITY - Uropathic; Antidepressant; Tranquilizer.
MECHANISM OF ACTION - Unstable bladder contraction inhibitor.
USE - For treating urinary disorders such as lower urinary tract symptoms, unstable or overactive urinary bladder, bladder outflow obstructions, urinary incontinence, stress incontinence, interstitial cystitis and associated depression in mammals including humans (all claimed).
ADVANTAGE - The composition provides rapid relief from urinary disorders by inhibiting or suppressing unstable bladder contractions and diminishing problems associated with incomplete bladder emptying, with minimal amount of deleterious side effects and hence improving the quality of life.
Dwg.0/0
FILE SEGMENT: CPI
FIELD AVAILABILITY: AB; DCN
MANUAL CODES: CPI: B06-A01; B10-B02G; B10-B03B; B14-D05D; B14-J01A1; B14-J02B2; B14-J02D1; B14-J03; B14-J04; B14-L01; B14-N07

L141 ANSWER 30 OF 31 WPIDS (C) 2003 THOMSON DERWENT
ACCESSION NUMBER: 2003-229267 [22] WPIDS
DOC. NO. CPI: C2003-058832
TITLE: Drug delivery device for controlled release of an active agent comprises a composition having a core and a coating having pore-forming element having dissolution rate slower than the release rate the active ingredients.
DERWENT CLASS: A96 B05 B07 C03 C07 D22
INVENTOR(S): CHOPRA, S; CHOPRA, S K
PATENT ASSIGNEE(S): (CHOP-I) CHOPRA S; (CHOP-I) CHOPRA S K; (SAVI-N) SAVIT CONSULTING INC
COUNTRY COUNT: 100
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
WO 2002094227	A1	20021128	(200322)*	EN	26	A61K009-22
US 2003003151	A1	20030102	(200322)			A61K009-24

RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZM ZW
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG UZ VN YU ZA ZM ZW

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE

WO 2002094227 A1		WO 2002-IB1854	20020524
US 2003003151 A1	Provisional	US 2001-293701P	20010525
		US 2002-85234	20020228

PRIORITY APPLN. INFO: US 2002-85234 20020228; US 2001-293701P 20010525

INT. PATENT CLASSIF.:

MAIN: A61K009-22; A61K009-24

SECONDARY: A61K009-28; A61K009-30; A61K009-32; A61K009-36

BASIC ABSTRACT:

WO 200294227 A UPAB: 20030402

NOVELTY - A dissolution and diffusion device comprises a shaped core having planar release face and a compressed **mixture** of an active ingredient. The compressed core is coated, except for at least one exposed face. The pore-forming elements have a dissolution rate slower than the release rate so that the pore formation is completed after release of the active ingredients and the residual inert structures disintegrate.

DETAILED DESCRIPTION - A dissolution and diffusion device comprises a shaped core (a) and a coating (b). (a) comprises at least one planar release face in which the dimensions of the face remain constant throughout a substantial portion of the delivery period, a compressed **mixture** of active ingredient homogenously mixed with at least one dissolution regulator operable to release the active ingredient from the release face and optionally a score circumscribed on the surface to secure the coating. (b) surrounds and adheres to the core except the release faces. The coating contains an insoluble polymer and pore-forming elements operable to create channels in the insoluble coating to permit disintegration of the coating after release of the active ingredient is completed.

INDEPENDENT CLAIMS are included for the following:

(1) Preparation of a chemical delivery device by dry granulation involving (a1) blending the active ingredient and a dissolution regulator and optionally with a diluent, (b1) optionally milling and sieving the resulting blend with a mesh size suitable for the specific application, (c1) mixing the blend with a soluble or insoluble lubricant and compressing the blend into tablet in punch machine, and (d1) coating the tablet with a **mixture** of an insoluble polymer and pore-forming elements using a compression-coating machine;

(2) Preparation of a chemical delivery device by wet granulation involving blending the active ingredient and a dissolution regulator with water and/or an organic solvent and optionally with a diluent, drying the resulting blend, and steps (b1), (c1) and (d1);

(3) Delivering a constant controlled release of an active compound into a fluid medium involving incorporating at least one biologically active ingredient into a tablet comprising (a) and (b) and placing the tablet in a fluid medium; and

(4) Dissolution controlled chemical device providing controlled variable release of at least one biological active ingredient into a fluid medium through out a portion of the delivery period involving (a) and (b).

USE - For controlled release of an active agent for human or veterinary use (claimed).

ADVANTAGE - The device can deliver an active ingredient at a constant or controlled variable rate. The device can readily be scaled to different proportions to accommodate differing quantities of the active chemical, and thus have the capacity for longer release periods. As the core is slow dissolving, dose dumping is not prevalent in the delivery device. The hydrodynamic conditions prevailing in the stomach are minimized as only the peripheral face of the core is exposed. The device is reliable, predictable and insures disintegration of the insoluble impermeable coating to avoid elimination of the intact device. The rate of disintegration of the coating can be manipulated by adjusting the size,

density and composition of the pore-forming materials.
Dwg.0/6
FILE SEGMENT: CPI
FIELD AVAILABILITY: AB; DCN
MANUAL CODES: CPI: A12-V01; B04-C02A; B04-C03; B11-C03; B11-C04; B12-M10; B12-M11B; C04-C02A; C04-C03; C11-C03; C11-C04; C12-M10; C12-M11B; D09-C01

L141 ANSWER 31 OF 31 WPIDS (C) 2003 THOMSON DERWENT
ACCESSION NUMBER: 2002-666878 [71] WPIDS
DOC. NO. CPI: C2002-187190
TITLE: Preparation of deformable syntactic foams useful as pharmaceutical carriers for the delivery of a compound or a chemical involves mixing a resin, binder and a stabilizer and reacting the **mixture** with an organic solvent.
DERWENT CLASS: A96 B05 B07
INVENTOR(S): ODIDI, A; ODIDI, I
PATENT ASSIGNEE(S): (ODID-I) ODIDI A; (ODID-I) ODIDI I
COUNTRY COUNT: 100
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
WO 2002056861	A2	20020725	(200271)*	EN	47	A61K009-00

RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZM ZW
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG US UZ VN YU ZA ZM ZW

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2002056861	A2	WO 2002-CA54	20020117

PRIORITY APPLN. INFO: US 2001-765783 20010119
INT. PATENT CLASSIF.:
MAIN: A61K009-00
BASIC ABSTRACT:
WO 200256861 A UPAB: 20021105
NOVELTY - Preparation of a deformable syntactic foam comprises (a) mixing together at least one homopolymer resin, at least one binder and at least one stabilizer to form a blended **mixture** having a LOD of 1 - 10%, and (b) reacting the blended **mixture** with at least one organic solvent under high shear conditions at 10 - 25 deg. C until a foam composition deformable to touch is formed.
DETAILED DESCRIPTION - INDEPENDENT CLAIMS are included for the following:
(1) Manufacturing a pharmaceutical carrier comprising:
(a) mixing together at least one homopolymer resin, binder, microspheres and stabilizer to form a blended **mixture** having a LOD of 1 - 10%,
(b) reacting the blended **mixture** with at least one organic solvent under high shear conditions at 10 - 25 deg. C until a foam composition deformable to touch is formed;
(c) reducing the size of the deformable syntactic foam to reassemble into a shaped composite;
(2) A pharmaceutical composition comprising a pharmaceutical and a

pharmaceutical carrier; and

(3) A syntactic foam of elongate threads comprising homopolymer resin, binder, microsphere and a stabilizer.

USE - As a pharmaceutical carrier for the delivery of a compound or a chemical (claimed) including pharmaceuticals. Also useful as carriers, coated or uncoated for chemicals, biological agents, nutraceuticals, growth factors, amino acids, bioactive materials and pharmaceutically active and inactive materials and have pharmaceutical, sanitary, veterinary, agricultural and medical applications.

ADVANTAGE - The foam is deformable and compressible. The foam permits the time release of pharmaceuticals in mammals particularly humans and reduces the frequency of taking a particular medicine. The foam is safe, stable and can be prepared by economical and versatile manufacturing processes.

Dwg.0/9

FILE SEGMENT: CPI
FIELD AVAILABILITY: AB; DCN
MANUAL CODES: CPI: A12-V01; A12-W12; B01-A02; B01-D02; B02-A; B02-C03; B02-E; B04-C02A1; B04-C03B; B04-C03D; B05-A01B; B05-B01G; B05-B02C; B06-F03; B06-H; B07-A02B; B07-H; B08-D01; B10-A07; B10-A08; B10-A12C; B10-A13D; B10-A18; B10-A19; B10-B02F; B10-B03B; B10-B04; B10-C03; B10-C04B; B11-C01C

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=> fil capl; d que l34
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FILE COVERS 1907 - 4 Jun 2003  VOL 138 ISS 23
FILE LAST UPDATED: 3 Jun 2003  (20030603/ED)

  This file contains CAS Registry Numbers for easy and accurate
  substance identification.


L4            1 SEA FILE=REGISTRY ABB=ON  210538-44-6
L5            3 SEA FILE=REGISTRY ABB=ON  DOXAZOSIN?/CN
L6            3 SEA FILE=REGISTRY ABB=ON  TERAZOSIN?/CN
L7            1 SEA FILE=REGISTRY ABB=ON  ABANOQUIL/CN
L8            5 SEA FILE=REGISTRY ABB=ON  PRAZOSIN?/CN
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L10           2 SEA FILE=REGISTRY ABB=ON  DARIFENACIN?/CN
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L12           3 SEA FILE=REGISTRY ABB=ON  OXYBUTYNIN?/CN
L13        2860 SEA FILE=CAPLUS ABB=ON  ADRENOCEPTOR ANTAGONISTS+OLD/CT(L)ALPHA

L14        1702 SEA FILE=CAPLUS ABB=ON  ALPHA(L)(ADRENOCEPTOR ANTAGONIST#)/OBI

L15        2879 SEA FILE=CAPLUS ABB=ON  (L4 OR L5 OR L6 OR L7 OR L8 OR L9)
L16        2566 SEA FILE=CAPLUS ABB=ON  (DOXAZOSIN# OR TETRAZOSIN# OR TERAZOSIN
                # OR ABANOQUIL# OR PRAZOSIN# OR INDORAMIN#)/OBI
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L18        1859 SEA FILE=CAPLUS ABB=ON  MUSCARINIC(2A)ANTAGONIST#/OBI
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L20         479 SEA FILE=CAPLUS ABB=ON  (DARIFENACIN# OR TOLTERODIN# OR
                OXYBUTYNIN#)/OBI
L25        3732 SEA FILE=CAPLUS ABB=ON  URINARY TRACT/CT
L26       23839 SEA FILE=CAPLUS ABB=ON  PROSTATE GLAND/CT
L27        2616 SEA FILE=CAPLUS ABB=ON  BENIGN(A) HYPERPLAS?
L28       15375 SEA FILE=CAPLUS ABB=ON  BLADDER/CT
L29        1019 SEA FILE=CAPLUS ABB=ON  URETHRA/CT
L34          16 SEA FILE=CAPLUS ABB=ON  (L13 OR L14 OR L15 OR L16) AND (L17 OR
                L18 OR L19 OR L20) AND (L25 OR L26 OR L27 OR L28 OR L29)


=> s l34 not l33

L142         13 L34 NOT L33
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previously printed

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=> fil medl; d que 161; d que 162

FILE 'MEDLINE' ENTERED AT 11:58:49 ON 04 JUN 2003
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FILE LAST UPDATED: 3 JUN 2003 (20030603/UP). FILE COVERS 1958 TO DATE.

On April 13, 2003, MEDLINE was reloaded. See HELP RLOAD for details.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2003 vocabulary. See http://www.nlm.nih.gov/mesh/changes2003.html for a description on changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

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L8	5	SEA FILE=REGISTRY ABB=ON PRAZOSIN?/CN
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L11	2	SEA FILE=REGISTRY ABB=ON TOLTERODINE?/CN
L12	3	SEA FILE=REGISTRY ABB=ON OXYBUTYNIN?/CN
L35	885	SEA FILE=MEDLINE ABB=ON RECEPTORS, ADRENERGIC, ALPHA+NT/CT(L)A I/CT
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L37	6643	SEA FILE=MEDLINE ABB=ON DOXAZOSIN/CT OR PRAZOSIN/CT
L38	529	SEA FILE=MEDLINE ABB=ON TETRAZOSIN# OR TERAZOSIN# OR HYTRIN# OR A45975 OR A 45975 OR ABANOQUIL OR UK52046 OR UK 52046
L39	283	SEA FILE=MEDLINE ABB=ON INDORAMIN# OR WY21901 OR WY 21901
L40	475	SEA FILE=MEDLINE ABB=ON (L10 OR L11 OR L12)
L41	652	SEA FILE=MEDLINE ABB=ON DARIFEN!CIN# OR TOLTERODIN# OR DETROL OR OXYBUTYNIN# OR CYSTRIN# OR OXYTROL#
L42	191414	SEA FILE=MEDLINE ABB=ON DRUG INTERACTIONS+NT/CT OR DRUG COMBINATIONS+NT/CT OR DRUG THERAPY, COMBINATION/CT
L44	15978	SEA FILE=MEDLINE ABB=ON PROSTATE/CT
L45	11277	SEA FILE=MEDLINE ABB=ON PROSTATIC HYPERPLASIA/CT
L46	37197	SEA FILE=MEDLINE ABB=ON ADRENERGIC ALPHA-ANTAGONISTS+NT/CT
L47	40225	SEA FILE=MEDLINE ABB=ON MUSCARINIC ANTAGONISTS+NT/CT
L48	966	SEA FILE=MEDLINE ABB=ON ((L35 OR L36 OR L37 OR L38 OR L39) OR L46) AND (L47 OR (L40 OR L41)) AND L42
L50	37304	SEA FILE=MEDLINE ABB=ON BLADDER/CT OR URETHRA/CT
L60	5500	SEA FILE=MEDLINE ABB=ON URINATION/CT
L61	6	SEA FILE=MEDLINE ABB=ON L48 AND (L50 OR L44 OR L45 OR L60)

L4	1	SEA FILE=REGISTRY ABB=ON 210538-44-6
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L6	3	SEA FILE=REGISTRY ABB=ON TERAZOSIN?/CN
L7	1	SEA FILE=REGISTRY ABB=ON ABANOQUIL/CN
L8	5	SEA FILE=REGISTRY ABB=ON PRAZOSIN?/CN
L9	5	SEA FILE=REGISTRY ABB=ON INDORAMIN?/CN
L10	2	SEA FILE=REGISTRY ABB=ON DARIFENACIN?/CN
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L40	475	SEA FILE=MEDLINE ABB=ON (L10 OR L11 OR L12)

Searched by Barb O'Bryen, STIC 308-4291

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                 OR OXYBUTYNIN# OR CYSTRIN# OR OXYTROL#
L45        11277 SEA FILE=MEDLINE ABB=ON  PROSTATIC HYPERPLASIA/CT
L50        37304 SEA FILE=MEDLINE ABB=ON  BLADDER/CT OR URETHRA/CT
L53        10288 SEA FILE=MEDLINE ABB=ON  ADRENERGIC ALPHA-ANTAGONISTS/CT
L54         3097 SEA FILE=MEDLINE ABB=ON  MUSCARINIC ANTAGONISTS/CT
L60         5500 SEA FILE=MEDLINE ABB=ON  URINATION/CT
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                 L53) AND (L54 OR L40 OR L41) AND (L50 OR L45 OR L60)


=> s (l61 or l62) not l139

L143          12 (L61 OR L62) NOT L139

=> fil embase; d que l115; s l115 not l140

FILE 'EMBASE' ENTERED AT 11:58:50 ON 04 JUN 2003
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 FILE COVERS 1974 TO 29 May 2003 (20030529/ED)

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L4             1 SEA FILE=REGISTRY ABB=ON  210538-44-6
L5             3 SEA FILE=REGISTRY ABB=ON  DOXAZOSIN?/CN
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L9             5 SEA FILE=REGISTRY ABB=ON  INDORAMIN?/CN
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L12            3 SEA FILE=REGISTRY ABB=ON  OXYBUTYNIN?/CN
L86         5910 SEA FILE=EMBASE ABB=ON  ALPHA ADRENERGIC RECEPTOR BLOCKING
                 AGENT/CT
L87        19321 SEA FILE=EMBASE ABB=ON  (L4 OR L5 OR L6 OR L7 OR L8 OR L9)
L88         2306 SEA FILE=EMBASE ABB=ON  DOXAZOSIN/CT OR DOXAZOSIN DERIVATIVE/CT
                  OR DOXAZOSIN MESYLATE/CT
L89         1452 SEA FILE=EMBASE ABB=ON  TERAZOSIN/CT
L90           37 SEA FILE=EMBASE ABB=ON  ABANOQUIL/CT
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L92          704 SEA FILE=EMBASE ABB=ON  INDORAMIN/CT OR INDORAMIN DERIVATIVE/CT

L93         2282 SEA FILE=EMBASE ABB=ON  MUSCARINIC RECEPTOR BLOCKING AGENT/CT
L94         1809 SEA FILE=EMBASE ABB=ON  (L10 OR L11 OR L12)
L95           92 SEA FILE=EMBASE ABB=ON  DARIFENACIN/CT
L96          410 SEA FILE=EMBASE ABB=ON  TOLTERODINE/CT OR TOLTERODINE TARTRATE/
                 CT
L97         1627 SEA FILE=EMBASE ABB=ON  OXYBUTYNIN/CT
L98       230391 SEA FILE=EMBASE ABB=ON  DRUG COMBINATION/CT
L99       160218 SEA FILE=EMBASE ABB=ON  DRUG INTERACTION+NT/CT
L100       29617 SEA FILE=EMBASE ABB=ON  BLADDER/CT OR URETHRA/CT
L101        9575 SEA FILE=EMBASE ABB=ON  PROSTATE HYPERTROPHY/CT
L102        7252 SEA FILE=EMBASE ABB=ON  MICTURITION/CT
L103        1503 SEA FILE=EMBASE ABB=ON  MICTURITION DISORDER/CT
L115          14 SEA FILE=EMBASE ABB=ON  (L86 OR L87 OR L88 OR L89 OR L90 OR
                 L91 OR L92) AND (L93 OR L94 OR L95 OR L96 OR L97) AND (L100 OR
                 L101 OR L102 OR L103) AND (L98 OR L99)
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previously printed

L144 11 L115 NOT L140 previously printed

=> fil wpids; d que l135; s l135 not l137

FILE 'WPIDS' ENTERED AT 11:58:51 ON 04 JUN 2003
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FILE LAST UPDATED: 3 JUN 2003 <20030603/UP>
MOST RECENT DERWENT UPDATE: 200335 <200335/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

>>> NEW WEEKLY SDI FREQUENCY AVAILABLE --> see NEWS <<<

>>> PATENT IMAGES AVAILABLE FOR PRINT AND DISPLAY <<<

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SEE http://www.derwent.com/dwpi/updates/dwpicov/index.html <<<

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GUIDES, PLEASE VISIT:
http://www.derwent.com/userguides/dwpi_guide.html <<<

L116 508 SEA FILE=WPIDS ABB=ON (ADRENOCEPTOR OR ADRENERGIC)(2A)ALPHA(2A)(ANTAGONIST# OR BLOCK?)
L117 112 SEA FILE=WPIDS ABB=ON DOXAZOSIN# OR CARDURA# OR UK33274 OR UK 33274
L118 79 SEA FILE=WPIDS ABB=ON TETRAZOSIN# OR TERAZOSIN# OR HYTRIN# OR A45975 OR A 45975
L119 4 SEA FILE=WPIDS ABB=ON ABANOQUIL# OR UK52046 OR UK 52046
L120 200 SEA FILE=WPIDS ABB=ON PRAZOSIN# OR FURAZOSIN# OR PRATSIOL#
L121 31 SEA FILE=WPIDS ABB=ON INDORAMIN# OR WY21901 OR WY 21901
L122 183 SEA FILE=WPIDS ABB=ON MUSCARINIC(2A)(ANTAGONIST# OR BLOCK?)
L123 124 SEA FILE=WPIDS ABB=ON DARIFEN!CIN# OR TOLTERODIN# OR DETROL OR OXYBUTYNIN# OR CYSTRIN# OR OXYTROL#
L124 12792 SEA FILE=WPIDS ABB=ON BLADDER# OR URETHRA?
L126 7194 SEA FILE=WPIDS ABB=ON PROSTATE
L127 5291 SEA FILE=WPIDS ABB=ON HYPERPLAS? OR HYPERTROPH?
L134 9005 SEA FILE=WPIDS ABB=ON URINA?
L135 5 SEA FILE=WPIDS ABB=ON (L116 OR L117 OR L118 OR L119 OR L120 OR L121) AND (L122 OR L123) AND (L124 OR (L126 OR L127) OR L134)

L145 2 L135 NOT L137 previously printed

=> dup rem l142,l143,l144,l145
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PROCESSING COMPLETED FOR L142
PROCESSING COMPLETED FOR L143
PROCESSING COMPLETED FOR L144
PROCESSING COMPLETED FOR L145
L146          35 DUP REM L142 L143 L144 L145 (3 DUPLICATES REMOVED)
                 ANSWERS '1-13' FROM FILE CAPLUS
                 ANSWERS '14-25' FROM FILE MEDLINE
                 ANSWERS '26-35' FROM FILE EMBASE

=> d ibib ab hitrn 1-13; d iall 14-35; fil hom

L146 ANSWER 1 OF 35  CAPLUS  COPYRIGHT 2003 ACS        DUPLICATE 1
ACCESSION NUMBER:         2002:122770  CAPLUS
DOCUMENT NUMBER:          136:178015
TITLE:                    Drugs for incontinence - salified and nonsalified
                          nitric oxide-donors and phosphodiesterase inhibitors
INVENTOR(S):              Del Soldato, Piero; Benedini, Francesca
PATENT ASSIGNEE(S):       Nicox S.A., Fr.
SOURCE:                   PCT Int. Appl., 59 pp.
                          CODEN: PIXXD2
DOCUMENT TYPE:            Patent
LANGUAGE:                 English
FAMILY ACC. NUM. COUNT:   1
PATENT INFORMATION:

     PATENT NO.        KIND  DATE           APPLICATION NO.   DATE
     ---------------   ----  --------       ---------------   --------
     WO 2002011707      A2   20020214       WO 2001-EP8734    20010727
     WO 2002011707      A3   20021205
         W:  AE, AG, AL, AU, BA, BB, BG, BR, BZ, CA, CN, CR, CU, CZ, DM, DZ,
             EE, GD, GE, HR, HU, ID, IL, IN, IS, JP, KP, KR, LC, LK, LR, LT,
             LV, MA, MG, MK, MN, MX, NO, NZ, PL, RO, SG, SI, SK, TR, TT, UA,
             US, UZ, VN, YU, ZA, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
         RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,
             DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF,
             BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG
     AU 2001091691      A5   20020218       AU 2001-91691     20010727
     EP 1307184         A2   20030507       EP 2001-971798    20010727
         R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
             IE, SI, LT, LV, FI, RO, MK, CY, AL, TR
PRIORITY APPLN. INFO.:                    IT 2000-MI1848    A  20000808
                                          WO 2001-EP8734    W  20010727
OTHER SOURCE(S):          MARPAT 136:178015
AB   Use in the incontinence of one or more of the following classes of drugs
     selected from the following: (B) salified and nonsalified nitric
     oxide-donor drugs, of formula: A - X1 - N(O)z, (B') nitrate salts of drugs
     used for the incontinence, and which do not contain in the mol. a nitric
     oxide donor group; (C) org. or inorg. salts of compds. inhibiting
     phosphodiesterases.
IT   1508-65-2, Oxybutynin hydrochloride
     RL: PAC (Pharmacological activity); RCT (Reactant); THU (Therapeutic use);
     BIOL (Biological study); RACT (Reactant or reagent); USES (Uses)
        (salified and nonsalified nitric oxide-donors and phosphodiesterase
        inhibitors for treatment of incontinence)
IT   5633-20-5 19216-56-9, Prazosin
     74191-85-8, Doxazosin 124937-51-5,
     Tolterodine 133099-04-4
     RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL
     (Biological study); USES (Uses)
        (salified and nonsalified nitric oxide-donors and phosphodiesterase
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inhibitors for treatment of incontinence)

L146 ANSWER 2 OF 35 CAPLUS COPYRIGHT 2003 ACS DUPLICATE 2
ACCESSION NUMBER: 2001:228701 CAPLUS
DOCUMENT NUMBER: 134:247264
TITLE: Treatment of lower urinary tract symptoms with muscarinic and .alpha.-adrenergic antagonists and 5.alpha.-reductase inhibitors, and pharmaceutical compositions for use therein
INVENTOR(S): Stoner, Elizabeth; Drake, Paul J.; Bach, Mark A.
PATENT ASSIGNEE(S): Merck & Co., Inc., USA
SOURCE: PCT Int. Appl., 20 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001021167	A1	20010329	WO 2000-US25534	20000918

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: US 1999-155357P P 19990922
OTHER SOURCE(S): MARPAT 134:247264
AB A medical condition in men known as Lower Urinary Tract Symptoms (LUTS) is treated by the administration of a muscarinic receptor antagonist in combination with at least one of a 5.alpha.-reductase inhibitor and an .alpha.-adrenergic receptor blocker.
IT **5633-20-5, Oxybutynin 19216-56-9, Prazosin 26844-12-2, Indoramin 63590-64-7, Terazosin 74191-85-8, Doxazosin 90402-40-7, Abanoquil 124937-51-5, Tolterodine 133099-04-4, Darifenacin**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(muscarinic and .alpha.-adrenergic antagonists and 5.alpha.-reductase inhibitors for treatment of lower urinary tract symptoms , and pharmaceutical compns.)
REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L146 ANSWER 3 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2003:261600 CAPLUS
DOCUMENT NUMBER: 138:276286
TITLE: Pharmaceutical compositions contg. **muscarinic antagonists** and 5.alpha.-reductase inhibitors for urinary tract disorder treatment
INVENTOR(S): Arneric, Stephen P.; Andersson, Per-Olof
PATENT ASSIGNEE(S): Pharmacia AB, Swed.
SOURCE: PCT Int. Appl., 23 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English

Searched by Barb O'Bryen, STIC 308-4291

FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2003026564	A2	20030403	WO 2002-SE1748	20020926
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
US 2003060513	A1	20030327	US 2001-965556	20010927

PRIORITY APPLN. INFO.: US 2001-965556 A 20010927
SE 2001-3858 A 20011120

AB The present invention concerns the field of urol. The invention provides a pharmaceutical compn. comprising a combination of a first compd. selected from the group consisting of muscarinic receptor antagonists, 5.alpha.-reductase inhibitors, and .alpha.-adrenergic receptor antagonists, and precursors and salts, and a second compd. selected from the group consisting of 5-HT1a receptor agonists and antagonists, and precursors and salts thereof, and optionally a carrier or a diluent. There is also provided a method of treatment of urinary disorders in a mammal, including humans. A pharmaceutical compn. is prepd. by combining tolterodine with a neutral 5-HT1a receptor antagonist in a carrier. The compn. contains 0.05-4 mg tolterodine/kg patient body wt. (e.g., 3-240 mg tolterodine for a person weighing 60 kg) and 0.01-1 mg of neutral 5-HT1a receptor antagonist/kg of patient body wt. The compn. is administered to a patient for the treatment of incontinence, and particularly stress incontinence, urge incontinence or mixed incontinence.

IT **5633-20-5, Oxybutynin 124937-51-5, Tolterodine 124937-52-6 133099-04-4, Darifenacin**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceutical compns. contg. **muscarinic antagonists** and 5.alpha.-reductase inhibitors for urinary tract disorder treatment)

L146 ANSWER 4 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2003:242003 CAPLUS
DOCUMENT NUMBER: 138:260465
TITLE: Pharmaceutical composition comprising receptor agonists and antagonists treatment of urinary disorder
INVENTOR(S): Arneric, Stephen P.; Andersson, Per-Olof
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 8 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2003060513	A1	20030327	US 2001-965556	20010927
WO 2003026564	A2	20030403	WO 2002-SE1748	20020926
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR,				

LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: US 2001-965556 A 20010927
SE 2001-3858 A 20011120

AB The present invention concerns the field of urol. The invention provides a novel pharmaceutical compn., comprising a pharmaceutically effective combination of (i) a first compd. selected from the group consisting of muscarinic receptor antagonists, 5.alpha.-reductase inhibitors, and .alpha.-adrenergic receptor antagonists, and precursors and pharmaceutically acceptable salts thereof, and (ii) a second compd. selected from the group consisting of 5-HT1a receptor agonists and antagonists, and precursors and pharmaceutically acceptable salts thereof, and optionally a pharmaceutically acceptable carrier or diluent therefor. There is also provided a method of therapeutical treatment of urinary disorder in a mammal, including man, comprising administering to said mammal, including man, in need of such treatment, a therapeutically effective amt. of a compn. according to the invention. A pharmaceutical compn. contained between about 2 mg to about 20 mg of 5a-reductase inhibitor and between about 0.5 mg to about 50 mg of neutral 5-HT1a receptor antagonist. The compn. is administered to a patient for the treatment of urinary disorder.

IT **5633-20-5, Oxybutynin 124937-51-5, Tolterodine 133099-04-4, Darifenacin**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceutical compn. comprising receptor agonists and antagonists treatment of urinary disorder)

L146 ANSWER 5 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2001:185528 CAPLUS
DOCUMENT NUMBER: 134:242644
TITLE: Methods and compositions for preventing and treating urinary tract disorders
INVENTOR(S): Neal, Gary W.
PATENT ASSIGNEE(S): Androsolutions, Inc., USA
SOURCE: PCT Int. Appl., 32 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001017480	A2	20010315	WO 2000-US24685	20000908
WO 2001017480	A3	20011101		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

EP 1214039	A2	20020619	EP 2000-961687	20000908

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, MC, PT, IE,

SI, LT, LV, FI, RO, MK, CY, AL
PRIORITY APPLN. INFO.: US 1999-152902P P 19990909
WO 2000-US24685 W 20000908

AB The present invention relates to methods, compns., devices and kits for the prevention and treatment of urinary tract disorders in mammals, including, but not limited to, urinary incontinence of any etiol., urinary hesitancy, fibrosis of the urinary tract, urinary dribbling, cystitis of any etiol., urinary frequency, and bladder cancer. The present invention provides methods for preventing and treating urinary tract disorders in mammals by administration of a therapeutic compd. to mucosal membranes in the lower urinary tract of the mammal. The present invention also provides devices for administering a therapeutic compd. to mucosal membranes in the lower urinary tract of the mammal. PGE-2 was added in a base matrix contg. tripalmitin and Me palmitate, and the mixt. was drawn into rigid tube made of high-d. polyethylene to obtain soft suppositories.

IT **5633-20-5, Oxybutynin 19237-84-4, Prazosin** hydrochloride **74191-85-8, Doxazosin 124937-51-5, Tolterodine**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(treatment of urinary tract disorders by administering drug to mucosal membranes of lower urinary tract)

L146 ANSWER 6 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2000:608551 CAPLUS
DOCUMENT NUMBER: 133:213151
TITLE: Pharmaceutical compositions and methods for improved delivery of hydrophobic therapeutic agents
INVENTOR(S): Patel, Manesh V.; Chen, Feng-Jing
PATENT ASSIGNEE(S): Lipocine, Inc., USA
SOURCE: PCT Int. Appl., 98 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 7
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000050007	A1	20000831	WO 2000-US165	20000105
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
US 6294192	B1	20010925	US 1999-258654	19990226
NZ 513810	A	20010928	NZ 2000-513810	20000105
EP 1158959	A1	20011205	EP 2000-901394	20000105
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
JP 2002537317	T2	20021105	JP 2000-600619	20000105

PRIORITY APPLN. INFO.: US 1999-258654 A 19990226
WO 2000-US165 W 20000105

AB The present invention relates to triglyceride-free pharmaceutical compns. for delivery of hydrophobic therapeutic agents. Compns. of the present invention include a hydrophobic therapeutic agent and a carrier, where the carrier is formed from a combination of a hydrophilic surfactant and a hydrophobic surfactant. Upon diln. with an aq. solvent, the compn. forms a clear, aq. dispersion of the surfactants contg. the therapeutic agent. The invention also provides methods of treatment with hydrophobic

therapeutic agents using these compns. A pharmaceutical compn. contained cyclosporin 0.14, Cremophor RH-40 0.41, Arlacel186 0.29, sodium taurocholate 0.26, and propylene glycol 0.46 mg.

IT **63590-64-7, Terazosin**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceutical compns. and methods for improved delivery of hydrophobic therapeutic agents)

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L146 ANSWER 7 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2001:41675 CAPLUS
DOCUMENT NUMBER: 135:81
TITLE: New roles for muscarinic receptors in the pathophysiology of lower urinary tract symptoms
AUTHOR(S): Andersson, K.-E.
CORPORATE SOURCE: Department of Clinical Pharmacology, Lund University Hospital, Lund, Swed.
SOURCE: BJU International (2000), 86(Suppl. 2), 36-43
CODEN: BJINFO; ISSN: 1464-4096
PUBLISHER: Blackwell Science Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 77 refs. The efficacy of both antimuscarinic drugs and .alpha.1-adrenoceptor antagonists in the treatment of lower urinary tract symptoms (LUTS) supports an important role for both muscarinic receptors and .alpha.1-adrenoceptors in the pathogenesis of the symptoms, and suggests that a combination of antimuscarinic drugs and .alpha.1-adrenoceptor antagonists may have treatment advantages.

REFERENCE COUNT: 77 THERE ARE 77 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L146 ANSWER 8 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1998:534795 CAPLUS
DOCUMENT NUMBER: 129:153255
TITLE: Controlled-release formulations for treating early morning pathologies
INVENTOR(S): Busetti, Cesare; Crimella, Tiziano
PATENT ASSIGNEE(S): Poli Industria Chimica Spa, Italy
SOURCE: U.S., 9 pp.
CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 5788987	A	19980804	US 1997-790514	19970129
WO 9832425	A1	19980730	WO 1997-IB1632	19971216
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GM, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT, UA, UG, US, UZ, VN, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
AU 9853356	A1	19980818	AU 1998-53356	19971216
EP 954292	A1	19991110	EP 1997-950352	19971216
R: BE, DE, ES, FR, GB, PT				
JP 2001511126	T2	20010807	JP 1998-531769	19971216

PRIORITY APPLN. INFO.: US 1997-790514 A 19970129

WO 1997-IB1632 W 19971216

AB Early morning pathologies are treated by use of a time-specific controlled-release dosage formulation which is administered prior to sleep; the formulation delivers a pharmaceutically active agent effective for treatment of the pathol. at about the time of awakening. The formulation comprises a core contg. the drug and a swellable polymeric coating layer surrounding the core. The swellable polymeric coating layer delays the release of the drug from the core for a predetd. period of time dependent on the thickness of the layer, to effect delivery of the drug at about the time of awakening. Early morning pathologies include asthma, angina, hypertension, myocardial or cerebral infarction, arthritis, incontinence, parkinsonism, and sleep disorders. Thus, a granular mixt. of diclofenac Na 25, CaHPO4.2H2O 94.5, microcryst. cellulose 113, tartaric acid 25, NaHCO3 25,, colloidal SiO2 1.5, and Mg stearate 1 wt. parts was pressed into 285-mg tablet cores and coated with an aq. soln. contg. hydroxypropylmethylcellulose 7.5 and PEG-6000 1.5 wt.% until the coating wt. was 50% of the core wt. The coated tablets showed a dissoln. time lag >300 min, followed by quick disintegration.

IT **5633-20-5, Oxybutynin**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(controlled-release formulations for treating early morning pathologies)

REFERENCE COUNT: 51 THERE ARE 51 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L146 ANSWER 9 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1996:525366 CAPLUS
DOCUMENT NUMBER: 125:211656
TITLE: Analysis of pressure/flow characteristics in the female rat and their pharmacologic modulation
AUTHOR(S): Watanabe, Takeshi; Constantinou, Christos E.
CORPORATE SOURCE: Department Urology, Tottori University, Yonago, Japan
SOURCE: Neurourology and Urodynamics (1996), 15(5), 513-527
CODEN: NEUREM; ISSN: 0733-2467
PUBLISHER: Wiley-Liss
DOCUMENT TYPE: Journal
LANGUAGE: English

AB A new in vivo urodynamic animal model was developed to analyze the micturition characteristics of the rat. This model was used to study the modulating effect of pharmacol. agents on vesicourethral function, using cystometry and uroflowmetry. Pressure-flow studies were done in 25 female rats anesthetized with urethane. Filling cystometry was recorded using a physiol. rate of bladder filling through transvesical infusion. Micturition characterization was done by identifying the time course and amt. of voided vol. Voided vol. was measured by a novel application of a mechanotransducer, which provided the data to measure flow rate and compute the voided vol.-time curve. Flow rate was calcd. by differentiating the curve produced by the mechanotransducer. Using this system, comparative tests of pharmacol. stimulus were done using anticholinergic stimulation, .alpha.1 blocker, and a new N-methyl-D-aspartate (NMDA) receptor antagonist. The effects of the i.v. use of these drugs in the lower urinary tract were evaluated at various dose levels. The results showed that anticholinergic stimulation produced an increase of bladder capacity and decreases of detrusor pressure and max. flow rate. Although the .alpha.1 blocker decreased detrusor pressure, flow rate did not change significantly. By contrast, NMDA receptor antagonism produced a depressant effect on bladder reflex contraction, and increased bladder capacity in a dose-dependent way. However, max. flow rate increased at a dose of 10 mg/kg and decreased at 30 mg/kg significantly. These results suggest that a decrease in flow resistance through the outlet region was due to the effects of NMDA

receptor inhibition at lower doses. In conclusion, this model enables the evaluation of drugs regarding lower urinary tract function and provides in small animals the possibility of evaluating the relationships between pressure and flow in various exptl. models.

IT **1508-65-2, Oxybutynin** chloride **19216-56-9, Prazosin**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(urodynamic animal model to analyze micturition and its pharmacol. characterization)

L146 ANSWER 10 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1996:73296 CAPLUS
DOCUMENT NUMBER: 124:97773
TITLE: Percutaneously administrable preparation for treating urination disorder
INVENTOR(S): Nakamura, Katsuhiro; Koga, Nobuyuki
PATENT ASSIGNEE(S): Hisamitsu Pharmaceutical Co., Inc., Japan
SOURCE: PCT Int. Appl., 46 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: Japanese
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9531190	A1	19951123	WO 1995-JP946	19950518
W: AU, CA, CN, JP, KR, US, VN				
RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE				
AU 9524544	A1	19951205	AU 1995-24544	19950518
EP 760238	A1	19970305	EP 1995-918735	19950518
EP 760238	B1	20020417		
R: CH, DE, DK, ES, FR, GB, IE, IT, LI, NL				
ES 2172584	T3	20021001	ES 1995-918735	19950518
US 5770221	A	19980623	US 1996-737160	19961115

PRIORITY APPLN. INFO.: JP 1994-128162 A 19940518
WO 1995-JP946 W 19950518

AB A percutaneously administrable prepn. for treating urination disorder comprises a remedy for urination disorder and a pressure-sensitive adhesive contg. low- and high-mol.-wt. polyisobutylenes and a fat or oil as the principal base; and another such prepn. comprises a remedy for urination disorder and a pressure-sensitive adhesive contg. low- and high-mol.-wt. polyisobutylenes, a fat or oil and a styrene-isoprene-styrene block copolymer as the principal base. These prepns., contg. the above-specific base component, are excellent in stability even after the lapse of time, lowly irritative to the skin, and excellent in percutaneous absorbability. As an example, high-mol.-wt. polyisobutylene 15.5, low-mol.-wt. polyisobutylene 16.5, squalane 45.0, hydrogenated rosin esters 10.0 and pepper oil 3.0 wt. parts were dissolved in hexane, mixed with oxybutynin, and spread on a separable sheet, which was placed on a polyester film to give a percutaneous prepn.

IT **1508-65-2, Oxybutynin** hydrochloride **5633-20-5, Oxybutynin 19216-56-9, Prazosin 63590-64-7, Terazosin**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(Percutaneously administrable prepn. for treating urination disorder)

L146 ANSWER 11 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1994:499511 CAPLUS
DOCUMENT NUMBER: 121:99511
TITLE: Effects of intravesically administered

anticholinergics, a .beta.-adrenergic stimulant and an .alpha.-adrenergic blocker on bladder function in unanesthetized rats
AUTHOR(S): Ukimura, Osamu
CORPORATE SOURCE: Dep. Urol., Kyoto Prefect. Univ. Med., Kyoto, 602, Japan
SOURCE: Tohoku Journal of Experimental Medicine (1993), 170(4), 251-60
CODEN: TJEMAO; ISSN: 0040-8727
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Comparative anal. of the effects of intravesical instillation of the title drugs on urodynamic parameters was performed in unanesthetized rats. The drugs were atropine (7.2 .times. 10-4-7.2 .times. 10-2M), propantheline (7.2 .times. 10-3-2.2 .times. 10-2M), oxybutynin (2.5 .times. 10-3-2.5 .times. 10-2M), isoproterenol (5 .times. 10-2-10-1M) and prazosin (5 .times. 10-4M). These intravesical drugs suppressed spontaneous bladder contractions and changed micturition function in the urinary filling and storage phases.
IT **5633-20-5, Oxybutynin 19216-56-9, Prazosin**
RL: BIOL (Biological study)
(bladder function response to)

L146 ANSWER 12 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1993:420336 CAPLUS
DOCUMENT NUMBER: 119:20336
TITLE: Effects of drugs used in the therapy of detrusor hyperactivity on the volume-induced contractions of the rat urinary bladder
AUTHOR(S): Guarneri, L.; Ibba, M.; Angelico, P.; Colombo, D.; Fredella, B.; Testa, R.
CORPORATE SOURCE: Pharmacol. Dep., Recordati S.p.A., Milan, 20148, Italy
SOURCE: Pharmacological Research (1993), 27(2), 173-87
CODEN: PHMREP; ISSN: 1043-6618
DOCUMENT TYPE: Journal
LANGUAGE: English
AB In this study, the authors examd. the effects of the drugs most commonly utilized in the therapy of overactive detrusor, on the vol.-induced contractions of rat urinary bladder. Anticholinergics such as propantheline bromide and emepronium bromide, as well as oxybutynin decreased the amplitude of the voiding contractions after i.v. administration in a dose-dependent way. These anticholinergics, on the other hand, generally increased the frequency of the contractions. Nifedipine dose-dependently reduced the amplitude of the contractions. Flavoxate induced a dose-related decrease in the frequency without effects on the amplitude of the peaks. Its main metabolite 3-methylflavone-8-carboxylic acid (MFCA) was inactive after i.v. administration. Terodiline was active on the amplitude and apparently on the frequency of the voiding contractions. The .alpha.-adrenoceptor antagonist prazosin, as well as indomethacin, inhibited only the frequency of the voiding contractions. All the drugs active in reducing the frequency of the voiding contractions after i.v. administration, proved effective also after intracerebroventricular (i.c.v.) injection. The model of the vol.-induced contractions of rat urinary bladder, seems to be a useful tool to evaluate in vivo the effects of a compd. on the bladder, allowing the possibility of distinguishing among antimuscarinics and calcium antagonists, which peripherally decrease bladder contractility, and other drugs inducing a decrease in the frequency of the voiding reflex acting on the micturition centers in the CNS.
IT **5633-20-5, Oxybutynin 19216-56-9, Prazosin**
RL: BIOL (Biological study)

(urinary bladder contraction response to, detrusor hyperactivity treatment in relation to)

L146 ANSWER 13 OF 35 CAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1982:574990 CAPLUS
DOCUMENT NUMBER: 97:174990
TITLE: Direct measurement of the anticholinergic activity of a series of pharmacological compounds on the canine and rabbit urinary bladder
AUTHOR(S): Levin, Robert M.; Wein, Alan J.
CORPORATE SOURCE: Sch. Med., Univ. Pennsylvania, Philadelphia, PA, USA
SOURCE: Journal of Urology (Hagerstown, MD, United States) (1982), 128(2), 396-8
CODEN: JOURAA; ISSN: 0022-5347
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The relative potency of a variety of drugs to compete for muscarinic cholinergic receptors isolated from the canine and rabbit urinary bladder was detd. Radio-ligand binding assays for muscarinic receptors were performed with 10 nM 3H-labeled quinuclidinyl benzilate and various concns. of the drugs under study. Of the agents tested propantheline (I) [298-50-0], atropine [51-55-8], and glycopyrrolate [596-51-0] were the potent muscarinic antagonists/unit of concn. oxybutynin [**5633-20-5**] And dicyclomine [77-19-0] were 30 to 50 times less potent than atropine. chloropromazine [50-53-3] And desmethylimipramine [50-47-5] were approx. 500 times less potent than atropine. Agents such as guanethidine [55-65-2], tranylcypromine [155-09-9], and hexamethonium [60-26-4] possessed little antimuscarinic activity.

IT **5633-20-5 19216-56-9**
RL: BIOL (Biological study)
(antimuscarinic activity of, bladder response in relation to)

L146 ANSWER 14 OF 35 MEDLINE DUPLICATE 3
ACCESSION NUMBER: 1999321789 MEDLINE
DOCUMENT NUMBER: 99321789 PubMed ID: 10393480
TITLE: Pharmacological management of incontinence.
AUTHOR: Sullivan J; Abrams P
CORPORATE SOURCE: Bristol Urological Institute, Southmead Hospital, Bristol, UK.. edu@bui.ac.uk
SOURCE: EUROPEAN UROLOGY, (1999) 36 Suppl 1 89-95. Ref: 29
Journal code: 7512719. ISSN: 0302-2838.
PUB. COUNTRY: Switzerland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199907
ENTRY DATE: Entered STN: 19990816
Last Updated on STN: 19990816
Entered Medline: 19990730

ABSTRACT:
Many patients with incontinence do not need surgery - for these patients symptoms can often be considerably improved by conservative measures, including drugs. Several different pharmacological actions are potentially useful depending on the underlying cause of the incontinence: a) Detrusor instability (DI) responds to drugs reducing bladder contractility: Anticholinergic agents, e.g. **oxybutynin** and **tolterodine**, act at postganglionic parasympathetic cholinergic receptor sites on the detrusor muscle, reducing the strength of the detrusor contraction. Tricyclic antidepressants, e.g.

imipramine, have anticholinergic effects, block presynaptic uptake of amine neurotransmitters and directly inhibit detrusor muscle. Alpha-adrenergic antagonists may have a role to play by dual actions on bladder overactivity (due to altered receptor function) and by reducing outlet resistance. b) Genuine stress incontinence (GSI) may be treated using alpha-adrenergic agonists, e.g. phenylpropanolamine, to increase outlet resistance by stimulating smooth muscle of the urethra and bladder neck. c) In nocturnal enuresis reduction of nocturnal urine output with the anti-diuretic hormone (ADH) analogue DDAVP (1-deamino, 8-arginine vasopressin) is beneficial. d) Bladder emptying may be facilitated in patients with retention and 'overflow' incontinence by alpha-adrenergic antagonists, which reduce outlet resistance, and perhaps by parasympathomimetics, e.g. bethanecol. e) In postmenopausal women, systemic oestrogen replacement reduces filling symptoms including urge incontinence. Evidence for oestrogen replacement alone in GSI is lacking, but combination with alpha-agonists is beneficial in milder GSI.For the future, ***tolterodine*** and other new anticholinergics offer the hope of treatment for DI with fewer of the side effects that limit the use of established drugs. Better understanding of the pathophysiology of DI may provide new targets for drug therapy, such as hyperpolarisation of detrusor muscle membrane. Alpha-agonists may find a greater role in the future, as may ADH analogues for noctural symptoms.

CONTROLLED TERM: Check Tags: Human
Adrenergic alpha-Agonists: TU, therapeutic use
Adrenergic alpha-Antagonists: TU, therapeutic use
Bladder: DE, drug effects
Cholinergic Antagonists: TU, therapeutic use
*Urinary Incontinence: DT, drug therapy
Urinary Incontinence: ET, etiology
Urinary Incontinence: PP, physiopathology
Urinary Incontinence, Stress: DT, drug therapy
Urinary Incontinence, Stress: PP, physiopathology

CHEMICAL NAME: 0 (Adrenergic alpha-Agonists); 0 (Adrenergic alpha-Antagonists); 0 (Cholinergic Antagonists)

L146 ANSWER 15 OF 35 MEDLINE
ACCESSION NUMBER: 2003166117 MEDLINE
DOCUMENT NUMBER: 22570270 PubMed ID: 12683100
TITLE: Managing lower urinary tract symptoms in men.
AUTHOR: Anonymous
SOURCE: DRUG AND THERAPEUTICS BULLETIN, (2003 Mar) 41 (3) 18-21. Journal code: 0112037. ISSN: 0012-6543.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200305
ENTRY DATE: Entered STN: 20030410
Last Updated on STN: 20030520
Entered Medline: 20030519

ABSTRACT:
Over one-quarter of men aged 40 years or over in the UK have lower urinary tract symptoms. These symptoms, which may seriously disrupt day-to-day activity, include frequency, urgency, hesitancy, reduced flow, dribbling, nocturia, incontinence and incomplete emptying of the bladder. Here, we review non-surgical measures that may help men with such symptoms.

CONTROLLED TERM: Check Tags: Human; Male
Adrenergic alpha-Antagonists: TU, therapeutic use
Adult
Aged
Enzyme Inhibitors: AD, administration & dosage
Middle Age
Muscarinic Antagonists: TU, therapeutic use
Phytotherapy: MT, methods

Prostatic Hyperplasia: CO, complications
***Prostatic Hyperplasia: DT, drug therapy**
Referral and Consultation
Testosterone 5-alpha-Reductase: AI, antagonists & inhibitors
*Urinary Retention: DT, drug therapy
Urinary Retention: ET, etiology

CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Enzyme Inhibitors); 0 (Muscarinic Antagonists); EC 1.3.99.5 (Testosterone 5-alpha-Reductase)

L146 ANSWER 16 OF 35 MEDLINE
ACCESSION NUMBER: 1998266593 MEDLINE
DOCUMENT NUMBER: 98266593 PubMed ID: 9605556
TITLE: The adrenergic, cholinergic and NANC nerve-mediated contractions of the female rabbit bladder neck and proximal, medial and distal urethra.
AUTHOR: Deplanne V; Palea S; Angel I
CORPORATE SOURCE: Synthelabo Recherche, Department of Internal Medicine, Rueil-Malmaison, France.
SOURCE: BRITISH JOURNAL OF PHARMACOLOGY, (1998 Apr) 123 (8) 1517-24.
Journal code: 7502536. ISSN: 0007-1188.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199807
ENTRY DATE: Entered STN: 19980716
Last Updated on STN: 19980716
Entered Medline: 19980707

ABSTRACT:
1. The nerve-mediated contraction of the female rabbit bladder neck and different portions of the urethra (proximal, medial and distal) was studied in vitro by electrical stimulation (50 V, 30 Hz, 0.05 ms width, trains of 5 s every 5 min) by use of a superfusion system. 2. The amplitude (Emax) and the duration (Dmax) of the stimulated contraction were studied in the four tissues. The Emax value was significantly higher in distal urethra (2.07+/-0.15 g) compared to the bladder neck (1.08+/-0.10 g), proximal urethra (0.73+/-0.07 g) and medial urethra (0.87+/-0.07 g). In contrast, the Dmax value appeared slightly but significantly lower ($P<0.05$) in distal urethra (68.5+/-2.3 s) than in bladder neck (76.7+/-6.0 s), proximal urethra (84.5+/-5.0 s) and medial urethra (81.3+/-3.5 s). 3. Cocaine (1 microM) significantly increased the basal Emax values in medial and distal urethra and the basal Dmax values in the four tissues. 4. Prazosin (1 microM) significantly reduced E max value in proximal, medial and distal urethra and Dmax value in bladder neck and proximal urethra. Atropine (1 microM) also significantly reduced Emax values in bladder neck and proximal urethra and reduced Dmax value in bladder neck, but not in other tissues. Yohimbine (0.1 microM) was devoid of effect in the four tissues. 5. The association of prazosin (1 microM) and atropine (1 microM) did not modify the Emax and the Dmax values of the electrically-induced contractions, except in proximal urethra and in bladder neck where an additive inhibitory effect (on Emax only) was observed compared to prazosin and atropine alone. 6. The residual contractile response after combined treatment with prazosin and atropine was significantly diminished by tetrodotoxin (TTX; 1 microM) but not completely abolished. These NANC contractions were insensitive to P2X-purinoceptor desensitization by continuous tissue perfusion with alpha,beta-methylene ATP (30 microM). 7. These results demonstrate that bladder neck and proximal urethra are mainly innervated by the parasympathetic nervous system, whereas medial and distal urethras are to a greater extent under the control of the sympathetic innervation. The residual responses, insensitive to prazosin and atropine, may indicate a NANC innervation in the four tissues. However, the nature of the NANC neurotransmitter remains to be

identified.
CONTROLLED TERM: Check Tags: Animal; Female; In Vitro
Adrenergic alpha-Antagonists: PD, pharmacology
Atropine: PD, pharmacology
*Autonomic Nervous System: PH, physiology
Bladder: IR, innervation
***Bladder: PH, physiology**
Cocaine: PD, pharmacology
Electric Stimulation
Muscarinic Antagonists: PD, pharmacology
Muscle Contraction: PH, physiology
*Muscle, Smooth: PH, physiology
Neurotransmitters: ME, metabolism
Parasympathetic Nervous System: PH, physiology
Prazosin: PD, pharmacology
Rabbits
Sympathetic Nervous System: PH, physiology
Urethra: IR, innervation
***Urethra: PH, physiology**
Vasoconstrictor Agents: PD, pharmacology
Yohimbine: PD, pharmacology
CAS REGISTRY NO.: 146-48-5 (Yohimbine); **19216-56-9 (Prazosin);** 50-36-2 (Cocaine); 51-55-8 (Atropine)
CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Muscarinic Antagonists); 0 (Neurotransmitters); 0 (Vasoconstrictor Agents)

L146 ANSWER 17 OF 35 MEDLINE
ACCESSION NUMBER: 97319457 MEDLINE
DOCUMENT NUMBER: 97319457 PubMed ID: 9176360
TITLE: Reflex pathways controlling urethral striated and smooth muscle function in the male rat.
AUTHOR: Kakizaki H; Fraser M O; De Groat W C
CORPORATE SOURCE: Department of Pharmacology, University of Pittsburgh School of Medicine, Pennsylvania 15261, USA.
CONTRACT NUMBER: DK-49430 (NIDDK)
SOURCE: AMERICAN JOURNAL OF PHYSIOLOGY, (1997 May) 272 (5 Pt 2) R1647-56.
Journal code: 0370511. ISSN: 0002-9513.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199706
ENTRY DATE: Entered STN: 19970716
Last Updated on STN: 19970716
Entered Medline: 19970627

ABSTRACT:
The organization of vesicourethral reflex mechanisms in the male rat was studied by monitoring intraurethral pressure and the external urethral sphincter (EUS) electromyogram. EUS striated and urethral smooth muscle activities were elicited by reflex isovolumetric bladder contractions evoked by bladder filling or electrical stimulation of nerves in the bladder wall. Evoked EUS bursting activity in normal rats was eliminated in chronic spinal rats and replaced by tonic activity. Reflex urethral smooth muscle activity mediated by an increase in urethral pressure after paralysis of the EUS with alpha-bungarotoxin occurred in normal and chronic spinal rats. The response was significantly larger in chronic spinal (21.3 +/- 3.0 cmH2O) than in normal rats (4.2 +/- 0.7 cmH2O). NG-nitro-L-arginine methyl ester (a nitric oxide synthase inhibitor, 20 mg/kg i.v.) increased the smooth muscle response in normal (5.9 +/- 1.3 cmH2O) and chronic spinal rats (6.9 +/- 1.8 cmH2O). This increase in urethral pressure was not changed by sympathetic nerve transection or prazosin (0.2-0.3 mg/kg i.v.) but was abolished by hexamethonium and reduced

74-89% by atropine. These results indicate that coordinated EUS function (bursting activity) in the male rat is dependent on supraspinal pathways and that the urethral smooth muscle response during voiding is composed of a predominant cholinergic, atropine-sensitive contraction as well as a nitric oxide-mediated relaxation. Both are mediated by activation of parasympathetic pathways and are maintained or significantly larger after spinal cord injury, indicating that they are dependent on spinal reflex pathways.

CONTROLLED TERM: Check Tags: Animal; Female; Male; Support, U.S. Gov't, P.H.S.
Adrenergic alpha-Antagonists: PD, pharmacology
Atropine: PD, pharmacology
***Bladder: PH, physiology**
Denervation
Electromyography
Hydrostatic Pressure
Muscarinic Antagonists
Muscle, Smooth: PH, physiology
NG-Nitroarginine Methyl Ester: PD, pharmacology
Parasympathetic Nervous System: PH, physiology
Prazosin: PD, pharmacology
Rats
Reflex
Sex Factors
***Urethra: PH, physiology**
Urination

CAS REGISTRY NO.: **19216-56-9 (Prazosin)**; 50903-99-6 (NG-Nitroarginine Methyl Ester); 51-55-8 (Atropine)

CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Muscarinic Antagonists)

L146 ANSWER 18 OF 35 MEDLINE
ACCESSION NUMBER: 96312683 MEDLINE
DOCUMENT NUMBER: 96312683 PubMed ID: 8740024
TITLE: Evidence of nonadrenergic, noncholinergic contraction in rat urinary bladder by 1,1-dimethylphenylpiperazinium stimulation in vivo.
AUTHOR: Tong Y C; Hung Y C; Cheng J T
CORPORATE SOURCE: Department of Urology, National Cheng Kung University, Medical College, Tainan, Taiwan/ROC.
SOURCE: EUROPEAN UROLOGY, (1996) 29 (3) 362-5.
Journal code: 7512719. ISSN: 0302-2838.
PUB. COUNTRY: Switzerland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199610
ENTRY DATE: Entered STN: 19961022
Last Updated on STN: 19961022
Entered Medline: 19961008

ABSTRACT:
Nonadrenergic, noncholinergic (NANC) contraction has been demonstrated in animal urinary bladder. However, the exact nature of the NANC innervation is still unclear. 1,1-Dimethylphenylpiperazinium (DMPP), which generates action potentials in the cell body of the postganglionic neuron and causes neurotransmitter release (both acetylcholine and noradrenaline), was given intravenously (0.1-0.7 mg/kg) to 3-month-old female Wistar rats under anesthesia (n = 20). Intravesical pressure, heart rate and blood pressure of the rats were monitored on Gould polygraph. Monophasic dose-dependent contractile response was observed upon administration of DMPP in 12 of 20 rats. After total adrenergic and cholinergic blockade with atropine, guanethidine, phentolamine and propranolol, the contractile response was reduced, not completely, in the animals. At the dose of 0.7 mg/kg, the contraction was reduced to about 48% of the original response. The study provides in vivo

evidence for NANC contraction in the rat urinary bladder, moreover, the neurotransmitter is released from the postganglionic neurons.

CONTROLLED TERM: Check Tags: Animal; Female; Support, Non-U.S. Gov't
Action Potentials: DE, drug effects
Adrenergic Agents: AD, administration & dosage
Adrenergic Agents: PD, pharmacology
Atropine: AD, administration & dosage
Atropine: PD, pharmacology
***Bladder: DE, drug effects**
Dimethylphenylpiperazinium Iodide: AD, administration & dosage
*Dimethylphenylpiperazinium Iodide: PD, pharmacology
Dose-Response Relationship, Drug
Drug Interactions
Ganglionic Stimulants: AD, administration & dosage
*Ganglionic Stimulants: PD, pharmacology
Guanethidine: AD, administration & dosage
Guanethidine: PD, pharmacology
Injections, Intravenous
Muscle Contraction: DE, drug effects
*Muscle, Smooth: DE, drug effects
Neurons: CY, cytology
Neurons: DE, drug effects
Nicotinic Agonists: AD, administration & dosage
*Nicotinic Agonists: PD, pharmacology
Phentolamine: AD, administration & dosage
Phentolamine: PD, pharmacology
Propranolol: AD, administration & dosage
Propranolol: PD, pharmacology
Rats
Rats, Wistar
Synaptic Transmission: DE, drug effects

CAS REGISTRY NO.: 50-60-2 (Phentolamine); 51-55-8 (Atropine); 525-66-6 (Propranolol); 54-77-3 (Dimethylphenylpiperazinium Iodide); 55-65-2 (Guanethidine)

CHEMICAL NAME: 0 (Adrenergic Agents); 0 (Ganglionic Stimulants); 0 (Nicotinic Agonists)

L146 ANSWER 19 OF 35 MEDLINE

ACCESSION NUMBER: 96162560 MEDLINE

DOCUMENT NUMBER: 96162560 PubMed ID: 8583354

TITLE: Analysis of the mechanisms underlying the contractile response induced by the hydroalcoholic extract of Phyllanthus urinaria in the guinea-pig urinary bladder in-vitro.

AUTHOR: Dias M A; Campos A H; Cechinel Filho V; Yunes R A; Calixto J B

CORPORATE SOURCE: Department of Pharmacology, Universidade Federal de Santa Catarina, Florianopolis SC, Brazil.

SOURCE: JOURNAL OF PHARMACY AND PHARMACOLOGY, (1995 Oct) 47 (10) 846-51.
Journal code: 0376363. ISSN: 0022-3573.

PUB. COUNTRY: ENGLAND: United Kingdom

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199603

ENTRY DATE: Entered STN: 19960327
Last Updated on STN: 19980206
Entered Medline: 19960315

ABSTRACT:
The hydroalcoholic extract of Phyllanthus urinaria (Euphorbiaceae), substance P and substance P methyl ester all caused graded contractions in the guinea-pig

urinary bladder. Responses to hydroalcoholic extract and substance P were markedly inhibited in calcium-free Krebs solution, this effect being reversed by reintroduction of calcium in the medium. The contraction in response to hydroalcoholic extract was unaffected by atropine, propranolol, prazosin, yohimbine, tetrodotoxin, w-conotoxin, nicardipine, HOE 140, guanethidine, staurosporine, phorbol ester or indomethacin, excluding the involvement of nervous mediated responses, or action via cholinergic, adrenergic, kinins, cyclo-oxygenase metabolites, protein kinase C or activation of L or N-type calcium channels. The selective NK1 tachykinin antagonist (FK 888), but not NK2 (SR 48968) antagonized substance P-induced contraction, but both drugs failed to effect Phyllanthus urinaria-induced contraction. Prolonged desensitization of guinea pig urinary bladder with capsaicin (10 microM) or preincubation of guinea-pig urinary bladder with capsazepine did not affect contraction caused by hydroalcoholic extract. Ruthenium red almost completely abolished capsaicin-induced contraction, but had no effect on hydroalcoholic extract-mediated contraction. Substance P and the hydroalcoholic extract caused marked potentiation of the twitch response in the preparations field stimulated. The facilitatory effect of substance P, but not that of hydroalcoholic extract, was prevented by the NK1 (FK 888), but not by NK2 (SR 48968) antagonist. We concluded that contraction induced by hydroalcoholic extract of Phyllanthus urinaria in the guinea pig urinary bladder involves direct action on smooth muscle and relies on the mobilization of extracellular calcium influx unrelated to activation of L- and N-type calcium channels or activation of protein kinase C mechanisms. In addition contraction caused by the hydroalcoholic extract of Phyllanthus urinaria in guinea-pig urinary bladder does not involve the activation of tachykinin or vanilloid receptors.

CONTROLLED TERM: Check Tags: Animal; Female; In Vitro; Male; Support, Non-U.S. Gov't
Adrenergic alpha-Antagonists: PD, pharmacology
Adrenergic beta-Antagonists: PD, pharmacology
Benzamides: PD, pharmacology
***Bladder: DE, drug effects**
Bladder: PH, physiology
Dipeptides: PD, pharmacology
Ethanol: CH, chemistry
Guinea Pigs
Indoles: PD, pharmacology
Ion Channels: DE, drug effects
Muscarinic Antagonists: PD, pharmacology
*Muscle Contraction: DE, drug effects
Muscle, Smooth: DE, drug effects
Muscle, Smooth: PH, physiology
Neurokinin A: AI, antagonists & inhibitors
Piperidines: PD, pharmacology
*Plant Extracts: PD, pharmacology
Plants, Medicinal
Receptors, Tachykinin: AI, antagonists & inhibitors
Substance P: AI, antagonists & inhibitors
Substance P: PD, pharmacology

CAS REGISTRY NO.: 138449-07-7 (FK 888); 142001-63-6 (SR 48968); 33507-63-0 (Substance P); 64-17-5 (Ethanol); 86933-74-6 (Neurokinin A)

CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Adrenergic beta-Antagonists); 0 (Benzamides); 0 (Dipeptides); 0 (Indoles); 0 (Ion Channels); 0 (Muscarinic Antagonists); 0 (Piperidines); 0 (Plant Extracts); 0 (Receptors, Tachykinin)

L146 ANSWER 20 OF 35 MEDLINE
ACCESSION NUMBER: 93247154 MEDLINE
DOCUMENT NUMBER: 93247154 PubMed ID: 8387116
TITLE: Control of detrusor stiffness in the chronic decentralized feline bladder.
AUTHOR: Skehan A M; Downie J W; Awad S A

CORPORATE SOURCE: Department of Urology, Dalhousie University, Halifax, Nova Scotia, Canada.
SOURCE: JOURNAL OF UROLOGY, (1993 May) 149 (5) 1165-73.
Journal code: 0376374. ISSN: 0022-5347.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199305
ENTRY DATE: Entered STN: 19930618
Last Updated on STN: 19930618
Entered Medline: 19930528

ABSTRACT:
The neuropharmacology of increased bladder stiffness, which may contribute to upper tract damage and incontinence, was investigated in 76 cats. beta-blockade increased but combined alpha 1-adrenergic with muscarinic blockade decreased filling phase stiffness in normal cats. Bladder wall stiffness during the early filling phase was unaffected by chronic S2 ventrodorsal rhizotomy or L7-S3 ventral rhizotomy, but was decreased when L7-S3 dorsal rhizotomy or total sympathectomy was combined with the ventral root lesion, implying that sacral dorsal roots and sympathetic efferents maintain normal detrusor stiffness. Acute sympathectomy increased stiffness in all the former 3 chronic groups, implying that a tonic or reflex sympathetic inhibition operates independently of the L7-S3 dorsal roots. Stiffness during early filling phase decreased with acute ventral rhizotomy. This change persisted with chronic sympathectomy but returned to normal if sympathetic nerves were left intact. These results suggest that bladder stiffness is modulated by tonic or reflexic sympathetic activity, which is influenced by L7-S3 afferents. Detrusor stiffness during the later stages of filling, which was decreased by acute sympathectomy in chronic groups but increased by chronic sympathectomy, was reduced by interference with adrenergic or muscarinic mechanisms after either lesion. Therefore, a peripheral pathway with facilitatory alpha 1-adrenergic and muscarinic receptors is involved in the production of increased late stage stiffness after chronic sympathetic damage. We propose that the increased bladder stiffness seen in congenital sacral lesions may be analogous to the stiffness during late stages of filling reported here. Our results also imply that the presence of this increased stiffness is closely associated with chronic sympathetic damage. Whether the increased stiffness in congenital and traumatic neural lesions in humans arises from sympathetic damage remains to be determined.

CONTROLLED TERM: Check Tags: Animal; Male; Support, Non-U.S. Gov't
Atropine: PD, pharmacology
Bladder: IR, innervation
***Bladder: PH, physiology**
Cats
*Denervation
Muscarinic Antagonists
Prazosin: PD, pharmacology
Receptors, Adrenergic, alpha: PH, physiology
Receptors, Muscarinic: PH, physiology
Spinal Nerve Roots: SU, surgery
Sympathectomy
*Urodynamics
Urodynamics: DE, drug effects
CAS REGISTRY NO.: **19216-56-9 (Prazosin)**; 51-55-8 (Atropine)
CHEMICAL NAME: 0 (Muscarinic Antagonists); 0 (Receptors, Adrenergic, alpha); 0 (Receptors, Muscarinic)

L146 ANSWER 21 OF 35 MEDLINE
ACCESSION NUMBER: 91192889 MEDLINE
DOCUMENT NUMBER: 91192889 PubMed ID: 1672862
TITLE: DuP 753 is a specific antagonist for the angiotensin receptor.

AUTHOR: Rhaleb N E; Rouissi N; Nantel F; D'Orleans-Juste P; Regoli D
CORPORATE SOURCE: Department of Pharmacology, Medical School University of Sherbrooke, Quebec, Canada.
SOURCE: HYPERTENSION, (1991 Apr) 17 (4) 480-4.
Journal code: 7906255. ISSN: 0194-911X.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199105
ENTRY DATE: Entered STN: 19910602
Last Updated on STN: 19980206
Entered Medline: 19910513

ABSTRACT:
2-n-Butyl-4-chloro-5-hydroxy-methyl-1-[(2'-(1H)-tetrazol-5-yl)biph enyl-4-yl)methyl]imidazol potassium salt (DuP 753) is a nonpeptide angiotensin II receptor antagonist that inhibits the contractile effects of angiotensin II competitively and shows pA2 values of 8.27 on the rabbit aorta and jugular vein, 8.66 on the rat portal vein and stomach, 8.19 on the rat urinary bladder, and 8.36 on human colon, ileum, and urinary bladder. This agent (more than 10(-5) M) exhibits no agonistic activity and does not affect the contractile effects of norepinephrine, acetylcholine, bradykinin, desArg9-bradykinin, substance P, neurokinin A, neurokinin B, or bombesin in the various tissues. The present results demonstrate that DuP 753 is a potent nonpeptide antagonist with high affinity, specificity, and selectivity for the angiotensin receptor.
CONTROLLED TERM: Check Tags: Animal; Human; In Vitro; Male; Support, Non-U.S. Gov't
Adrenergic alpha-Antagonists: AI, antagonists & inhibitors
Adult
*Angiotensin II: AI, antagonists & inhibitors
Bladder: DE, drug effects
Blood Vessels: DE, drug effects
Digestive System: DE, drug effects
Imidazoles: AI, antagonists & inhibitors
*Imidazoles: PD, pharmacology
Kinetics
Kinins: PD, pharmacology
Losartan
Muscarinic Antagonists
Rabbits
Rats
Rats, Inbred Strains
*Receptors, Angiotensin: AI, antagonists & inhibitors
Tetrazoles: AI, antagonists & inhibitors
*Tetrazoles: PD, pharmacology
CAS REGISTRY NO.: 11128-99-7 (Angiotensin II); 114798-26-4 (Losartan)
CHEMICAL NAME: 0 (Adrenergic alpha-Antagonists); 0 (Imidazoles); 0 (Kinins); 0 (Muscarinic Antagonists); 0 (Receptors, Angiotensin); 0 (Tetrazoles)

L146 ANSWER 22 OF 35 MEDLINE
ACCESSION NUMBER: 83111481 MEDLINE
DOCUMENT NUMBER: 83111481 PubMed ID: 6296355
TITLE: Characterization of the effect of quinidine on Na transport by the toad and turtle bladders.
AUTHOR: Arruda J A
CONTRACT NUMBER: AM20170 (NIADDK)
SOURCE: JOURNAL OF PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS, (1983 Feb) 224 (2) 297-301.
Journal code: 0376362. ISSN: 0022-3565.
PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198303
ENTRY DATE: Entered STN: 19900318
Last Updated on STN: 19970203
Entered Medline: 19830317

ABSTRACT:
Quinidine inhibits Na transport by the toad and turtle bladder. This effect of quinidine is thought to be mediated by an increase in cytosolic calcium. In the present study, we characterized the effect of quinidine on Na transport by the toad and turtle bladders. Quinidine induced a release of calcium by turtle liver mitochondria. Quinidine inhibited Na transport by increasing the resistance of the active pathway to Na transport without affecting the electromotive force. Amphotericin B addition to the mucosal solution partially reversed the inhibitory effect of quinidine on Na transport, thus suggesting that quinidine decreases Na transport by decreasing the permeability of luminal membrane to Na. The effect of amiloride was unaltered in the presence of quinidine. Vasopressin failed to stimulate Na transport in the presence of quinidine, suggesting that the drug interferes with the natriferetic effect in addition to interfering with the hydrosmotic effect. The effect of quinidine was not prevented by inhibition of cyclooxygenase system or mitochondrial inhibition, thus suggesting that alterations in prostaglandin release or mitochondrial function are not involved in the inhibition of Na transport by quinidine.

CONTROLLED TERM: Check Tags: Animal; Support, Non-U.S. Gov't; Support, U.S. Gov't, Non-P.H.S.; Support, U.S. Gov't, P.H.S.
Amiloride: PD, pharmacology
Amphotericin B: PD, pharmacology
***Bladder: DE, drug effects**
Bufo marinus
Calcium: ME, metabolism
Drug Interactions
*Ion Channels: DE, drug effects
Mitochondria, Liver: DE, drug effects
***Quinidine: PD, pharmacology**
*Sodium: ME, metabolism
Turtles

CAS REGISTRY NO.: 1397-89-3 (Amphotericin B); 2609-46-3 (Amiloride); 56-54-2 (Quinidine); 7440-23-5 (Sodium); 7440-70-2 (Calcium)
CHEMICAL NAME: 0 (Ion Channels)

L146 ANSWER 23 OF 35 MEDLINE
ACCESSION NUMBER: 80216390 MEDLINE
DOCUMENT NUMBER: 80216390 PubMed ID: 575741
TITLE: [Action of some drugs on pressure profile of female urethra (author's transl)].
Wirkung einiger Pharmaka auf das weibliche Urethradruckprofil.
AUTHOR: Methfessel H D; Methfessel G
SOURCE: ZENTRALBLATT FUR GYNAKOLOGIE, (1979) 101 (22) 1453-62.
Journal code: 21820100R. ISSN: 0044-4197.
PUB. COUNTRY: GERMANY, EAST: German Democratic Republic
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: German
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198008
ENTRY DATE: Entered STN: 19900315
Last Updated on STN: 19900315
Entered Medline: 19800828

ABSTRACT:
The action of certain drugs upon the urethra of clinically intact women was studied by measurement of the urethral profile. beta-adrenoreceptor stimulating

and blocking agents, such as fenoterol, propanolol, as well as cholinergics, including carbachol and pyridostigmine, failed to exercise any effect on the urethral pressure profile. On the other hand, anticholinergics, such as atropine and N-butylscopolammonium-bromide, diazepam, and chlorpromazine, produced significant decrease in both maximum urethral pressure and maximum urethral closure pressure. N-butylscopolammonium-bromide and chlorpromazine also shortened the functional length of urethra. Drop of all parameters relating to the urethral pressure profile was observed to take place in response to application of succinylcholine. Phentolamine, an alpha-adrenoreceptor blocking agent, then was administered and caused further reduction of those parameters. The pressure values were elevated by ketamine. The above findings are discussed and compared to present concepts published in literature on medicamentous control of urethral function.

CONTROLLED TERM: Check Tags: Female; Human; Male
Adolescent
Adult
Butylscopolammonium Bromide: PD, pharmacology
Chlorpromazine: PD, pharmacology
Diazepam: PD, pharmacology
Drug Synergism
English Abstract
Ketamine: PD, pharmacology
Parasympatholytics: PD, pharmacology
Phentolamine: PD, pharmacology
Pressure
Succinylcholine: PD, pharmacology
***Urethra: DE, drug effects**

CAS REGISTRY NO.: 149-64-4 (Butylscopolammonium Bromide); 306-40-1 (Succinylcholine); 439-14-5 (Diazepam); 50-53-3 (Chlorpromazine); 50-60-2 (Phentolamine); 6740-88-1 (Ketamine)

CHEMICAL NAME: 0 (Parasympatholytics)

L146 ANSWER 24 OF 35 MEDLINE

ACCESSION NUMBER: 76014373 MEDLINE

DOCUMENT NUMBER: 76014373 PubMed ID: 1167189

TITLE: Effects of phenoxybenzamine hydrochloride on canine lower urinary tract: clinical implications.

AUTHOR: Khanna O P; Gonick P

SOURCE: UROLOGY, (1975 Sep) 6 (3) 323-30.
Journal code: 0366151. ISSN: 0090-4295.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 197511

ENTRY DATE: Entered STN: 19900313
Last Updated on STN: 19900313
Entered Medline: 19751120

ABSTRACT:

The results of our study show that phenoxybenzamine hydrochloride, a potent long-acting alpha-adrenergic blocker, has clearly demonstrable effects on urethral function. In a dose of 0.5 mg. per kilogram of body weight it caused a significant lowering of the resting urethral pressure, a decrease in the arterial pressure, and no change in the intravesical pressure. Higher doses caused similar but more pronounced and prolonged effects. The combined use of phenoxybenzamine and bethanechol increased the intravesical pressure and decreased the urethral pressure. It appears that the predominant mechanism of urethral resistance is alpha-adrenergic activity in smooth muscle. A review of the medical literature, our experimental studies, and limited clinical application lead uo to conclude that phenoxybenzamine could be useful in treating neurogenic vesical dysfunction of various types, urethral syndrome, urgency incontinence, functional outlet obstruction with or without

vesicoureteral reflux, drug-related obstructive urinary symptoms, partial prostatic obstruction, and ureteral colic. The combination of phenoxybenzamine and bethanechol could be used in managing patients with atony of the bladder of neuropathic or myopathic origin.

CONTROLLED TERM: Check Tags: Animal; Female; Human; Male
Adult
Atropine: PD, pharmacology
Bethanechol Compounds: PD, pharmacology
Bethanechol Compounds: TU, therapeutic use
***Bladder: DE, drug effects**
Bladder, Neurogenic: DT, drug therapy
Blood Pressure: DE, drug effects
Dogs
Drug Interactions
Drug Therapy, Combination
Middle Age
Phenoxybenzamine: AD, administration & dosage
***Phenoxybenzamine: PD, pharmacology**
Phenoxybenzamine: TU, therapeutic use
Pressure
***Urethra: DE, drug effects**
Urethra: PH, physiology
Urethral Diseases: DT, drug therapy
Urinary Incontinence, Stress: DT, drug therapy

CAS REGISTRY NO.: 51-55-8 (Atropine); 59-96-1 (Phenoxybenzamine)
CHEMICAL NAME: 0 (Bethanechol Compounds)

L146 ANSWER 25 OF 35 MEDLINE
ACCESSION NUMBER: 72051037 MEDLINE
DOCUMENT NUMBER: 72051037 PubMed ID: 4107866
TITLE: The reactivity of isolated urinary bladder strips of the guinea-pig towards electric stimulation.
AUTHOR: De Sy W
SOURCE: ARCHIVES INTERNATIONALES DE PHYSIOLOGIE ET DE BIOCHIMIE, (1971 Aug) 79 (3) 459-68.
Journal code: 0405355. ISSN: 0003-9799.
PUB. COUNTRY: Belgium
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 197202
ENTRY DATE: Entered STN: 19900310
Last Updated on STN: 19900310
Entered Medline: 19720202

CONTROLLED TERM: Check Tags: Animal; Female; In Vitro; Male
Acetylcholine: AI, antagonists & inhibitors
Atropine: PD, pharmacology
Bladder: DE, drug effects
***Bladder: PH, physiology**
Depression, Chemical
Drug Antagonism
*Electric Stimulation
Guinea Pigs
Isoproterenol: PD, pharmacology
Methonium Compounds: PD, pharmacology
Muscle, Smooth: PH, physiology
Norepinephrine: PD, pharmacology
Phentolamine: PD, pharmacology
Propranolol: PD, pharmacology
Receptors, Adrenergic
Stimulation, Chemical

CAS REGISTRY NO.: 50-60-2 (Phentolamine); 51-41-2 (Norepinephrine); 51-55-8 (Atropine); 51-84-3 (Acetylcholine); 525-66-6

(Propranolol); 7683-59-2 (Isoproterenol)
CHEMICAL NAME: 0 (Methonium Compounds); 0 (Receptors, Adrenergic)

L146 ANSWER 26 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2002437700 EMBASE
TITLE: Female stress and urge incontinence in family practice: Insight into the lower urinary tract.
AUTHOR: Viktrup L.
CORPORATE SOURCE: Dr. L. Viktrup, Eli Lilly and Company, Faris II, Drop Code 6112, Indianapolis, IN 46285, Denmark
SOURCE: International Journal of Clinical Practice, (2002) 56/9 (694-700).
Refs: 84
ISSN: 1368-5031 CODEN: IJCPF
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 005 General Pathology and Pathological Anatomy
010 Obstetrics and Gynecology
017 Public Health, Social Medicine and Epidemiology
028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
As many as 25% of all women are affected by urinary incontinence, but only a few are treated. This frequent, often medically unrecognised, condition occurs in women of all ages. The continence mechanism is based on bladder detrusor control, intact anatomical structures in and around the urethra, correct positioning of the bladder neck and a comprehensive innervation of the lower urinary tract. Age and childbearing are established risk factors for the development of urinary incontinence, but other factors are currently suggested. The evaluation of urinary incontinence should include history, gynaecological examination, urine test, frequency-volume diary and a pad-weighing test. Female urinary incontinence can be treated in general practice by simple means, e.g. pelvic floor muscle training, bladder training, electrostimulation, drug therapy, or a combination of these approaches. This review updates the knowledge of the continence mechanism and summarises the epidemiology, risk factors, assessment and treatment of urinary incontinence in general practice.

CONTROLLED TERM: Medical Descriptors:
*stress incontinence: DI, diagnosis
*stress incontinence: DT, drug therapy
*stress incontinence: EP, epidemiology
*stress incontinence: ET, etiology
*stress incontinence: SI, side effect
*stress incontinence: SU, surgery
*stress incontinence: TH, therapy
*urge incontinence: DI, diagnosis
*urge incontinence: DT, drug therapy
*urge incontinence: EP, epidemiology
*urge incontinence: ET, etiology
*urge incontinence: SI, side effect
*urge incontinence: SU, surgery
*urge incontinence: TH, therapy
general practice
urethra
detrusor muscle
bladder neck
innervation
age
pregnancy
risk factor

anamnesis
gynecological examination
urinalysis
urinary frequency
urine volume
diagnostic test
pelvis floor
muscle training
electrostimulation therapy
medical assessment
central nervous system function
peripheral nervous system function
autonomic nervous system function
micturition
delivery
menopause
obesity
constipation
pelvic disease
pelvis surgery
neurologic disease
chronic obstructive lung disease
functional disease
human
female
controlled study
review
priority journal
Drug Descriptors:
alpha adrenergic receptor blocking agent: AE, adverse drug reaction
diuretic agent: AE, adverse drug reaction
estrogen: DT, drug therapy
cholinergic receptor blocking agent: AE, adverse drug reaction
cholinergic receptor blocking agent: DT, drug therapy
serotonin uptake inhibitor: CB, drug combination
serotonin uptake inhibitor: DT, drug therapy
serotonin uptake inhibitor: PD, pharmacology
noradrenalin uptake inhibitor: CB, drug combination
noradrenalin uptake inhibitor: DT, drug therapy
noradrenalin uptake inhibitor: PD, pharmacology
tolterodine: AE, adverse drug reaction
tolterodine: DT, drug therapy
propantheline bromide: AE, adverse drug reaction
propantheline bromide: DT, drug therapy
darifenacin: AE, adverse drug reaction
darifenacin: DT, drug therapy
oxybutynin: AE, adverse drug reaction
oxybutynin: DT, drug therapy
tricyclic antidepressant agent: AE, adverse drug reaction
tricyclic antidepressant agent: DT, drug therapy
imipramine: AE, adverse drug reaction
imipramine: DT, drug therapy
duloxetine: DT, drug therapy
duloxetine: PD, pharmacology
placebo

CAS REGISTRY NO.: (tolterodine) **124937-51-5**; (propantheline bromide) 298-50-0, 50-34-0; (darifenacin) **133099-04-4, 133099-07-7**; (oxybutynin) **1508-65-2, 5633-20-5**; (imipramine) 113-52-0, 50-49-7; (duloxetine) 116539-59-4, 136434-34-9

L146 ANSWER 27 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2003149857 EMBASE
TITLE: Management of incontinence in the elderly.
AUTHOR: Reznicek S.B.
CORPORATE SOURCE: S.B. Reznicek, 1011 Sunnyside Dr., Cadillac, MI 49601, United States. rez@netonecom.net
SOURCE: Journal of Gender-Specific Medicine, (2002) 5/5 (43-48). Refs: 7
ISSN: 1523-7036 CODEN: JGMOA7
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 004 Microbiology
020 Gerontology and Geriatrics
028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT:
Urinary incontinence in the elderly will continue to grow as a health and lifestyle issue as this population expands. Additionally, as older Americans seek to remain active in their careers and recreational pursuits, they are likely to be more intensive in seeking consultation for this condition. Evaluation of incontinence has become simpler and more focused to allow for an earlier and more precise diagnosis, which in turn expedites therapy. In the past, surgery was often thought of as the sole modality, which likely prevented larger numbers of patients from seeking relief. Today, more conservative treatments tend to bring more patient referrals to physicians' offices. Incontinence affects 15-30% of older patients living at home, one-third of those in acute care hospitals, and half of those in nursing homes. It is responsible in part for up to half of all nursing home admissions. Because of the diagnostic and therapeutic variability between men and women, a gender-specific discussion is called for. Catheter care is sufficiently challenging so as to merit a specific tutorial.

CONTROLLED TERM: Medical Descriptors:
*urine incontinence: DI, diagnosis
*urine incontinence: DT, drug therapy
*urine incontinence: ET, etiology
*urine incontinence: SU, surgery
*urine incontinence: TH, therapy
aged
daily life activity
career
recreation
diagnostic accuracy
conservative treatment
patient referral
primary medical care
nursing home
sex difference
catheterization
pathophysiology
stress incontinence: DT, drug therapy
stress incontinence: SI, side effect
stress incontinence: TH, therapy
urine retention: SI, side effect
kinesiotherapy
xerostomia: SI, side effect
confusion: SI, side effect
drowsiness: SI, side effect
central nervous system disease: SI, side effect

urethra surgery
prostate hypertrophy: DT, drug therapy
skin disease: CO, complication
skin disease: TH, therapy
antiinflammatory activity
antifungal activity
dermatitis: CO, complication
dermatitis: DT, drug therapy
dermatitis: PC, prevention
bladder spasm: DT, drug therapy
urinary tract infection: CO, complication
urinary tract infection: DT, drug therapy
urinary tract infection: PC, prevention
human
review
Drug Descriptors:
diuretic agent
neuroleptic agent
antidepressant agent
antiparkinson agent
alpha adrenergic receptor blocking agent: AE, adverse drug reaction
dipeptidyl carboxypeptidase inhibitor: AE, adverse drug reaction
narcotic agent: AE, adverse drug reaction
alcohol: TO, drug toxicity
sedative agent: AE, adverse drug reaction
estrogen: DT, drug therapy
cholinergic receptor blocking agent: AE, adverse drug reaction
cholinergic receptor blocking agent: DO, drug dose
cholinergic receptor blocking agent: DT, drug therapy
collagen: DT, drug therapy
collagen: UR, intraurethral drug administration
oxybutynin: DO, drug dose
oxybutynin: DT, drug therapy
tolterodine: DO, drug dose
tolterodine: DT, drug therapy
hyoscyamine: DO, drug dose
hyoscyamine: DT, drug therapy
propantheline bromide: DO, drug dose
propantheline bromide: DT, drug therapy
tamsulosin: DO, drug dose
tamsulosin: DT, drug therapy
terazosin: DO, drug dose
terazosin: DT, drug therapy
doxazosin: DO, drug dose
doxazosin: DT, drug therapy
prazosin: DO, drug dose
prazosin: DT, drug therapy
nystatin: CB, drug combination
nystatin: PD, pharmacology
triamcinolone acetonide: CB, drug combination
triamcinolone acetonide: PD, pharmacology
ascorbic acid: DO, drug dose
ascorbic acid: PO, oral drug administration
acetic acid: DT, drug therapy
nitrofurantoin: DT, drug therapy
quinoline derived antiinfective agent: DT, drug therapy
gentamicin: DO, drug dose
gentamicin: DT, drug therapy
sodium chloride
antibiotic agent: DT, drug therapy

unindexed drug
CAS REGISTRY NO.: (alcohol) 64-17-5; (collagen) 9007-34-5; (oxybutynin) **1508-65-2, 5633-20-5**; (tolterodine) **124937-51-5**; (hyoscyamine) 101-31-5, 306-03-6; (propantheline bromide) 298-50-0, 50-34-0; (tamsulosin) 106133-20-4, 106138-88-9, 106463-17-6, 80223-99-0, 94666-07-6; (terazosin) **63074-08-8, 63590-64-7**; (doxazosin) **74191-85-8**; (prazosin) **19216-56-9, 19237-84-4**; (nystatin) 1400-61-9, 34786-70-4, 62997-67-5; (triamcinolone acetonide) 76-25-5; (ascorbic acid) 134-03-2, 15421-15-5, 50-81-7; (acetic acid) 127-08-2, 127-09-3, 64-19-7, 71-50-1; (nitrofurantoin) 54-87-5, 67-20-9; (gentamicin) 1392-48-9, 1403-66-3, 1405-41-0; (sodium chloride) 7647-14-5

L146 ANSWER 28 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 2001133800 EMBASE
TITLE: Effect of temperature on guinea pig urinary bladder contraction mediated via P2X-receptors.
AUTHOR: Ziganshin A.U.; Rychkov A.V.; Ziganshina L.E.
CORPORATE SOURCE: A.U. Ziganshin, Department of Pharmacology, Kazan State Medical University, Kazan, Russian Federation
SOURCE: Bulletin of Experimental Biology and Medicine, (2001) 130/10 (961-963).
Refs: 14
ISSN: 0007-4888 CODEN: BEXBAN
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 029 Clinical Biochemistry
037 Drug Literature Index
030 Pharmacology
002 Physiology
028 Urology and Nephrology
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
In vitro experiments showed that P2X-receptor agonist .alpha.,.beta.-methylene-ATP and electrical field stimulation in the presence of muscarinic and .alpha.-adrenoreceptors blockers induced contractile responses of isolated guinea pig bladder, which were more pronounced at 30.degree.C than at 37.degree.C or 42.degree.C. P2X-receptor antagonist pyridoxal-6-phosphate-2',4'-disulfonic acid, produced a more potent inhibitory effect on contractions induced by electrical field stimulation at 30.degree.C in comparison with that at 37.degree.C or 42.degree.C, while the contractions induced by .alpha.,.beta.-methylene-ATP were similarly suppressed at all examined temperatures.

CONTROLLED TERM: Medical Descriptors:
*temperature dependence
*bladder contraction
nonhuman
animal tissue
animal experiment
guinea pig
in vitro study
electrostimulation
drug inhibition
drug potency
drug effect
bladder
article
Drug Descriptors:

*purine P2X receptor: EC, endogenous compound
purinergic receptor stimulating agent: PD, pharmacology
purinergic receptor stimulating agent: CM, drug comparison
alpha,beta methyleneadenosine triphosphate: PD, pharmacology
alpha,beta methyleneadenosine triphosphate: CM, drug comparison
muscarinic receptor blocking agent: PD, pharmacology
alpha adrenergic receptor blocking agent: PD, pharmacology
purinergic receptor blocking agent: PD, pharmacology
purinergic receptor blocking agent: CM, drug comparison
pyridoxal phosphate 6 azophenyl 2',4' disulfonic acid: PD, pharmacology
pyridoxal phosphate 6 azophenyl 2',4' disulfonic acid: CM, drug comparison
atropine: PD, pharmacology
phentolamine: PD, pharmacology

CAS REGISTRY NO.: (alpha,beta methyleneadenosine triphosphate) 7292-42-4; (pyridoxal phosphate 6 azophenyl 2',4' disulfonic acid) 149017-66-3; (atropine) 51-55-8, 55-48-1; (phentolamine) 50-60-2, 73-05-2

L146 ANSWER 29 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 97020195 EMBASE
DOCUMENT NUMBER: 1997020195
TITLE: [Drugs for micturition disorders in the elderly]. MEDIKAMENTE BEI MIKTIONSSTORUNGEN IM ALTER.
AUTHOR: Schultz-Lampel D.; Thuroff J.W.
CORPORATE SOURCE: Dr. D. Schultz-Lampel, Klinik fur Urologie/Kinderurologie, Klinikum Wuppertal GmbH, Universitat Witten/Herdekke, Heusnerstrasse 40, D-42283 Wuppertal, Germany
SOURCE: Urologe - Ausgabe B, (1996) 36/6 (444-448).
Refs: 18
ISSN: 0042-1111 CODEN: URLBBQ
COUNTRY: Germany
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 020 Gerontology and Geriatrics
028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: German
SUMMARY LANGUAGE: German

CONTROLLED TERM: Medical Descriptors:
***micturition disorder: DT, drug therapy**
*stress incontinence: DT, drug therapy
constipation: SI, side effect
hallucination: SI, side effect
human
muscle cramp: SI, side effect
mydriasis: SI, side effect
nausea: SI, side effect
senescence
short survey
tachycardia: SI, side effect
xerostomia: SI, side effect
Drug Descriptors:
beta 2 adrenergic receptor stimulating agent: DT, drug therapy
bethanechol: DT, drug therapy
carbachol: DT, drug therapy

cholinergic receptor blocking agent: DT, drug therapy
cholinergic receptor blocking agent: AE, adverse drug reaction
clenbuterol: DT, drug therapy
diclofenac: DT, drug therapy
distigmine: DT, drug therapy
distigmine bromide
emepronium: DT, drug therapy
emepronium bromide
estriol: DT, drug therapy
estrogen: DT, drug therapy
estrogen: CB, drug combination
flavoxate: DT, drug therapy
flurbiprofen: DT, drug therapy
gestagen: DT, drug therapy
gestagen: CB, drug combination
imipramine: DT, drug therapy
indometacin: DT, drug therapy
isoprenaline: DT, drug therapy
oxybutynin: DT, drug therapy
propantheline bromide: DT, drug therapy
propiverine: DT, drug therapy
prostaglandin synthase inhibitor: DT, drug therapy
salbutamol: DT, drug therapy
spasmolytic agent: DT, drug therapy
terazosin
terbutaline: DT, drug therapy
tricyclic antidepressant agent: DT, drug therapy
trospium chloride
unindexed drug

CAS REGISTRY NO.: (bethanechol) 590-63-6, 674-38-4, 91609-06-2; (carbachol) 462-58-8, 51-83-2; (clenbuterol) 21898-19-1, 37148-27-9; (diclofenac) 15307-79-6, 15307-86-5; (distigmine) 17299-00-2; (distigmine bromide) 15876-67-2; (emepronium) 27892-33-7; (emepronium bromide) 3614-30-0; (estriol) 50-27-1; (flavoxate) 15301-69-6, 3717-88-2; (flurbiprofen) 5104-49-4; (imipramine) 113-52-0, 50-49-7; (indometacin) 53-86-1, 74252-25-8, 7681-54-1; (isoprenaline) 299-95-6, 51-30-9, 6700-39-6, 7683-59-2; (oxybutynin) **1508-65-2, 5633-20-5**; (propantheline bromide) 298-50-0, 50-34-0; (propiverine) 60569-19-9; (salbutamol) 18559-94-9; (terazosin) **63074-08-8, 63590-64-7**; (terbutaline) 23031-25-6; (trospium chloride) 10405-02-4

CHEMICAL NAME: Dridase; Mictonorm; Uroripirin; Spasmex; Spasuret; Bricanyl; Spiropent; Tofranil; Amuno; Froben; Voltaren; Flotrin; Myocholine; Ubretid

L146 ANSWER 30 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 95188724 EMBASE
DOCUMENT NUMBER: 1995188724
TITLE: Recent progress in the pharmacotherapy of diseases of the lower urinary tract.
AUTHOR: Hieble J.P.; McCafferty G.P.; Naselsky D.P.; Bergsma D.J.; Ruffolo Jr. R.R.
CORPORATE SOURCE: Pharmacological Sciences, SmithKline Beecham Pharmaceuticals, P.O.Box 1539,King of Prussia, PA 19406, United States
SOURCE: European Journal of Medicinal Chemistry, (1995) 30/SUPPL. (269s-298s).
ISSN: 0223-5234 CODEN: EJMCA5
COUNTRY: France
DOCUMENT TYPE: Journal; Conference Article

FILE SEGMENT: 008 Neurology and Neurosurgery
028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
***prostate hypertrophy: SU, surgery**
***prostate hypertrophy: DT, drug therapy**
*urine incontinence
animal model
animal tissue
conference paper
controlled study
dog
guinea pig
human
intravenous drug administration
nonhuman
rat
torsade des pointes
xerostomia
Drug Descriptors:
*adrenergic receptor stimulating agent: DT, drug therapy
***alpha adrenergic receptor blocking agent: DT, drug therapy**
*potassium channel affecting agent: DT, drug therapy
*steroid 5alpha reductase inhibitor: DT, drug therapy
alfuzosin: DT, drug therapy
tamsulosin: DT, drug therapy
cromakalim: DT, drug therapy
emepronium: DT, drug therapy
epristeride: DT, drug therapy
finasteride: DT, drug therapy
flutamide: DT, drug therapy
furosemide: DT, drug therapy
midodrine: DT, drug therapy
midodrine: CB, drug combination
mk 0963: DT, drug therapy
muscarinic receptor blocking agent: DT, drug therapy
muscarinic receptor blocking agent: AE, adverse drug reaction
naftopidil: DT, drug therapy
otenzepad: DT, drug therapy
oxybutynin: DT, drug therapy
pinacidil: DT, drug therapy
prazosin: DT, drug therapy
propantheline bromide: DT, drug therapy
8 [3 [4 (2 methoxyphenyl) 1 piperazinyl]propylcarbamoyl] 3 methylflavone: DT, drug therapy
sl 890591: DT, drug therapy
tachykinin receptor antagonist: DT, drug therapy
terazosin: CB, drug combination
terazosin: DT, drug therapy
terodiline: AE, adverse drug reaction
terodiline: DT, drug therapy
turosteride: DT, drug therapy
unindexed drug
unclassified drug

CAS REGISTRY NO.: (alfuzosin) 81403-80-7; (tamsulosin) 80223-99-0; (cromakalim) 94470-67-4; (emepronium) 27892-33-7;

(epristeride) 119169-78-7; (finasteride) 98319-26-7; (flutamide) 13311-84-7; (furosemide) 54-31-9; (midodrine) 3092-17-9, 42794-76-3; (naftopidil) 57149-07-2; (otenzepad) 100158-38-1, 102394-31-0; (oxybutynin) **1508-65-2, 5633-20-5**; (pinacidil) 60560-33-0; (prazosin) **19216-56-9, 19237-84-4**; (propantheline bromide) 298-50-0, 50-34-0; (8 [3 [4 (2 methoxyphenyl) 1 piperazinyl]propylcarbamoyl] 3 methylflavone) 152735-23-4; (terazosin) **63074-08-8, 63590-64-7**; (terodiline) 15793-40-5, 7082-21-5; (turosteride) 137099-09-3

CHEMICAL NAME: Sb 216469; Mk 0963; Sl 890591

L146 ANSWER 31 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 92348791 EMBASE
DOCUMENT NUMBER: 1992348791
TITLE: [Urological pathology in the elderly].
PATOLOGIA UROLOGICA EN EL ANCIANO.
AUTHOR: Cots Yago J.M.
CORPORATE SOURCE: ABS Dr. Carles Ribas,Barcelona, Spain
SOURCE: Atencion Primaria, (1992) 10/6 (837-838+840-842).
ISSN: 0212-6567 CODEN: ATEPEY
COUNTRY: Spain
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 005 General Pathology and Pathological Anatomy
020 Gerontology and Geriatrics
028 Urology and Nephrology
037 Drug Literature Index
LANGUAGE: Spanish

CONTROLLED TERM: Medical Descriptors:
***prostate hypertrophy: DT, drug therapy**
***prostate hypertrophy: SU, surgery**
*urinary tract infection: DT, drug therapy
*urine incontinence: DT, drug therapy
aged
female
human
male
review
Drug Descriptors:
*antibiotic agent: DT, drug therapy
*imipramine: DT, drug therapy
***oxybutynin: DT, drug therapy**
***prazosin: DT, drug therapy**
*propantheline bromide: DT, drug therapy
***terazosin: DT, drug therapy**
amoxicillin: DT, drug therapy
amoxicillin: CB, drug combination
cefonicid: DT, drug therapy
clavulanic acid: DT, drug therapy
clavulanic acid: CB, drug combination
norfloxacin: DT, drug therapy
pipemidic acid: DT, drug therapy

CAS REGISTRY NO.: (imipramine) 113-52-0, 50-49-7; (oxybutynin) **1508-65-2, 5633-20-5**; (prazosin) **19216-56-9, 19237-84-4**; (propantheline bromide) 298-50-0, 50-34-0; (terazosin) **63074-08-8, 63590-64-7**; (amoxicillin) 26787-78-0, 61336-70-7; (cefonicid) 61270-58-4, 61270-78-8; (clavulanic acid) 58001-44-8; (norfloxacin) 70458-96-7; (pipemidic acid) 51940-44-4

Searched by Barb O'Bryen, STIC 308-4291

L146 ANSWER 32 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 92030436 EMBASE
DOCUMENT NUMBER: 1992030436
TITLE: Benign and malignant prostatic diseases.
AUTHOR: Crawford E.D.
CORPORATE SOURCE: University of Colorado Health Sciences Center, Denver, CO, United States
SOURCE: American Family Physician, (1991) 44/5 SUPPL. (65S-70S). ISSN: 0002-838X CODEN: AFPYAE
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 016 Cancer
020 Gerontology and Geriatrics
028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
The risk of prostatic diseases and disorders increases with age. Symptomatic benign prostatic hyperplasia is often treated with transurethral resection of the prostate. Antibiotic therapy is generally effective in bacterial prostatitis, but both chronic bacterial prostatitis with recurrent urinary tract infection and nonbacterial prostatitis remain difficult to treat. Early diagnosis of prostate cancer improves survival. Therapeutic options include surgery, radiotherapy and hormone therapy.

CONTROLLED TERM: Medical Descriptors:
*prostate cancer: DI, diagnosis
*prostate cancer: DT, drug therapy
***prostate hypertrophy: DI, diagnosis**
***prostate hypertrophy: TH, therapy**
*prostatitis: DI, diagnosis
*prostatitis: ET, etiology
*prostatitis: TH, therapy
adult
human
male
priority journal
review
Drug Descriptors:
*antibiotic agent: DT, drug therapy
*estrogen: DT, drug therapy
*goserelin: DT, drug therapy
*leuprorelin: DT, drug therapy
*nonsteroid antiinflammatory agent: DT, drug therapy
***oxybutynin: DT, drug therapy**
alpha adrenergic receptor blocking agent: DT, drug therapy
carbenicillin: DT, drug therapy
carindacillin
cefalexin: DT, drug therapy
ciprofloxacin: DT, drug therapy
cotrimoxazole: DT, drug therapy
diazepam: CB, drug combination
diazepam: DT, drug therapy
doxycycline
erythromycin: DT, drug therapy
ofloxacin: DT, drug therapy
minocycline: DT, drug therapy
norfloxacin: DT, drug therapy
prazosin: DT, drug therapy
prazosin: CB, drug combination

sulfamethoxazole: CB, drug combination
sulfamethoxazole: DT, drug therapy
trimethoprim: CB, drug combination
trimethoprim: DT, drug therapy

CAS REGISTRY NO.: (goserelin) 65807-02-5; (leuprorelin) 53714-56-0, 74381-53-6; (oxybutynin) **1508-65-2, 5633-20-5**; (carbenicillin) 17230-86-3, 4697-36-3, 4800-94-6; (carindacillin) 26605-69-6, 35531-88-5; (cefalexin) 15686-71-2, 23325-78-2; (ciprofloxacin) 85721-33-1; (cotrimoxazole) 8064-90-2; (diazepam) 439-14-5; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (erythromycin) 114-07-8, 70536-18-4; (ofloxacin) 82419-36-1; (minocycline) 10118-90-8, 11006-27-2, 13614-98-7; (norfloxacin) 70458-96-7; (prazosin) **19216-56-9, 19237-84-4**; (sulfamethoxazole) 723-46-6; (trimethoprim) 738-70-5

CHEMICAL NAME: Bactrim; Septra; Geocillin; Minocin; Vibramycin; Noroxin; Cipro; Floxin; Ditropan; Minipress; Lupron; Zoladex

L146 ANSWER 33 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 88234769 EMBASE
DOCUMENT NUMBER: 1988234769
TITLE: A review of flavoxate hydrochloride in the treatment of urge incontinence.
AUTHOR: Ruffmann R.
CORPORATE SOURCE: Medical Department, Recordati SpA, 20148 Milan, Italy
SOURCE: Journal of International Medical Research, (1988) 16/5 (317-330).
ISSN: 0300-0605 CODEN: JIMRBV
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal
FILE SEGMENT:
028 Urology and Nephrology
052 Toxicology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:

This article provides a review of the use of flavoxate hydrochloride in the treatment of urge incontinence. It outlines the pharmacology, mode of action, toxicology and pharmacokinetic studies which have been carried out, and then reviews the clinical studies, including those involving patients with benign prostatic hypertrophy. The effects of dosages of 600-1200 mg/day are compared, particularly regarding safety and tolerability factors. Finally, alternative therapies to flavoxate hydrochloride (.alpha.-adrenergic receptor blockers, oxybutinin chloride, terodiline hydrochloride, emepronium bromide and imipramine) are summarized. The article is written in the knowledge of recent evidence which indicates that flavoxate hydrochloride exhibits only weak anticholinergic activity on receptors involved in the control of the lower urinary tract.

CONTROLLED TERM: Medical Descriptors:
***prostate hypertrophy**
*urge incontinence: DT, drug therapy
anticholinergic effect
depression: SI, side effect
drug mechanism
edema: SI, side effect
headache: SI, side effect
heartburn: SI, side effect
pharmacodynamics
rash: SI, side effect

toxicity testing
vertigo: SI, side effect
xerostomia: SI, side effect
psychological aspect
review
human
priority journal
side effect
Drug Descriptors:
*flavoxate: TO, drug toxicity
***flavoxate: CB, drug combination**
*flavoxate: CM, drug comparison
*flavoxate: DO, drug dose
*flavoxate: DT, drug therapy
*flavoxate: PK, pharmacokinetics
*flavoxate: PD, pharmacology
*flavoxate: AE, adverse drug reaction
emepronium
imipramine
nicergoline
oxybutynin
phenoxybenzamine
phentolamine
prazosin
terodiline
CAS REGISTRY NO.: (flavoxate) 15301-69-6, 3717-88-2; (emepronium) 27892-33-7; (imipramine) 113-52-0, 50-49-7; (nicergoline) 27848-84-6; (oxybutynin) **1508-65-2, 5633-20-5;** (phenoxybenzamine) 59-96-1, 63-92-3; (phentolamine) 50-60-2, 73-05-2; (prazosin) **19216-56-9, 19237-84-4**; (terodiline) 15793-40-5, 7082-21-5

L146 ANSWER 34 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 85206589 EMBASE
DOCUMENT NUMBER: 1985206589
TITLE: Characterization of the muscarinic cholinoceptors in the human detrusor.
AUTHOR: Nilvebrant L.; Andersson K.-E.; Mattiasson A.
CORPORATE SOURCE: Department of Pharmacology, Research and Development, KabiVitrum AB, Stockholm, Sweden
SOURCE: Journal of Urology, (1985) 134/2 (418-423).
CODEN: JOURAA
COUNTRY: United States
DOCUMENT TYPE: Journal
FILE SEGMENT: 037 Drug Literature Index
028 Urology and Nephrology
030 Pharmacology
023 Nuclear Medicine
LANGUAGE: English
ABSTRACT:
Contractions of the human detrusor are thought to be mediated mainly via cholinergic muscarinic receptors. In the present study, we used a receptor-binding technique with 1-quinuclidinyl[phenyl 4-3H]benzilate ((-)3H-QNB) as radioligand to directly demonstrate the presence of muscarinic receptors in homogenates of the human detrusor. The binding of (-)3H-QNB was of high affinity (K(D) = (1.2 .+-. 0.1) x 10-10 M), saturable (Ro = 160 .+-. 15 fmol./mg. protein) and possessed the pharmacological specificity expected of an interaction with muscarinic receptors. Muscarinic receptor antagonists were bound to a virtually uniform population of sites, whereas muscarinic receptor agonists recognized more than one population of muscarinic binding sites. The affinities of a series of antimuscarinic drugs, determined in competition experiments with (-)3H-QNB, were found to correlate with the capacity to inhibit carbachol-induced contractions in isolated human bladder muscle.

Binding data together with the functional data indicated that the human detrusor does not contain any significant number of muscarinic spare receptors. The results suggest that a selective effect on the muscarinic receptors of human bladder is not possible to obtain with presently available antimuscarinic agents.

CONTROLLED TERM: Medical Descriptors:
*bladder contraction
*bladder muscle
*drug efficacy
***drug interaction**
*drug receptor binding
*quinuclidinyl benzilate h 3
*smooth muscle contraction
priority journal
pharmacokinetics
muscle
human
normal human
autonomic nervous system
bladder
human cell
Drug Descriptors:
*atropine
*carbachol
*cholinergic receptor blocking agent
*diazepam
*dicycloverine
*emepronium
*imipramine
*methylatropine
*muscarinic receptor
***oxybutynin**
***prazosin**
*propantheline bromide
*terbutaline
*terodiline
radioisotope

CAS REGISTRY NO.: (atropine) 51-55-8, 55-48-1; (carbachol) 462-58-8, 51-83-2; (diazepam) 439-14-5; (dicycloverine) 50815-09-3, 67-92-5, 77-19-0; (emepronium) 27892-33-7; (imipramine) 113-52-0, 50-49-7; (methylatropine) 31610-87-4; (oxybutynin) **1508-65-2, 5633-20-5**; (prazosin) **19216-56-9, 19237-84-4**; (propantheline bromide) 298-50-0, 50-34-0; (terbutaline) 23031-25-6; (terodiline) 15793-40-5, 7082-21-5

COMPANY NAME: Amersham; Marion; Hoffmann la roche; Kabi vitrum; Pfizer; Draco

L146 ANSWER 35 OF 35 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 83242170 EMBASE
DOCUMENT NUMBER: 1983242170
TITLE: Differences between binding affinities of some antimuscarinic drugs in the parotid gland and those in the urinary bladder and ileum.
AUTHOR: Nilvebrant L.; Sparf B.
CORPORATE SOURCE: Dep. Pharmacol., KabiVirum AB, S-11287 Stockholm, Sweden
SOURCE: Acta Pharmacologica et Toxicologica, (1983) 53/4 (304-313).
CODEN: APTOA6
COUNTRY: Denmark
DOCUMENT TYPE: Journal
FILE SEGMENT: 037 Drug Literature Index
030 Pharmacology

Searched by Barb O'Bryen, STIC 308-4291

002 Physiology
023 Nuclear Medicine
011 Otorhinolaryngology
003 Endocrinology

LANGUAGE: English

ABSTRACT:
Possible differences between the muscarinic receptors in the guinea pig urinary bladder and those in the ileum and the parotid gland were investigated, using a receptor binding technique. The affinities of 18 antimuscarinic drugs were indirectly derived from the ability to inhibit the receptor-specific binding of the radioligand (-)3H-QNB. The Hill coefficients were close to unity which indicated that the drugs were bound to apparently uniform populations of receptors within each tissue. In contrast to traditional muscarinic antagonists, four drugs - namely, oxybutynine, dicyclomine, benzhexol and pirenzepine - bound with a significantly higher affinity in the parotid gland than in the urinary bladder and ileum. A tendency towards reversed selectivity was found for secoverine. Thus, the present results further support the hypothesis that differences in muscarinic receptor between tissues exist, e.g. smooth muscle compared with parotid gland, which can be detected only by certain antimuscarinic drugs.

CONTROLLED TERM: Medical Descriptors:
***drug antagonism**
*drug receptor binding
*guinea pig
*n,n dimethyl 3,3 diphenyl 2 butylamine
*quinuclidinyl benzilate h 3
*sympathetic nerve
bladder
ileum
parotid gland
mouth
small intestine
pharmacokinetics
autonomic nervous system
nonhuman
animal cell
Drug Descriptors:
*4 aminobutyric acid
*atropine
*cholinergic receptor blocking agent
*diazepam
*dicycloverine
*emepronium
*haloperidol
*hexamethonium
*histamine
*mecamylamine
*metenkephalin
*morphine
*muscarinic receptor
*nicotine
***oxybutynin**
*physostigmine
*pirenzepine
*practolol
***prazosin**
*promethazine
*propantheline bromide
*quinidine
*receptor
*scopolamine methyl nitrate
*secoverine

*terbutaline
*terodiline
*theophylline
*trihexyphenidyl
*tubocurarine chloride
*yohimbine

CAS REGISTRY NO.: (4 aminobutyric acid) 28805-76-7, 56-12-2; (atropine) 51-55-8, 55-48-1; (diazepam) 439-14-5; (dicycloverine) 50815-09-3, 67-92-5, 77-19-0; (emepronium) 27892-33-7; (haloperidol) 52-86-8; (hexamethonium) 60-26-4; (histamine) 51-45-6, 56-92-8, 93443-21-1; (mecamylamine) 60-40-2, 826-39-1; (metenkephalin) 58569-55-4; (morphine) 52-26-6, 57-27-2; (nicotine) 54-11-5; (oxybutynin) **1508-65-2, 5633-20-5**; (physostigmine) 57-47-6, 64-47-1; (pirenzepine) 28797-61-7, 29868-97-1; (practolol) 6673-35-4; (prazosin) **19216-56-9, 19237-84-4**; (promethazine) 58-33-3, 60-87-7; (propantheline bromide) 298-50-0, 50-34-0; (quinidine) 56-54-2; (scopolamine methyl nitrate) 6106-46-3; (secoverine) 57558-44-8; (terbutaline) 23031-25-6; (terodiline) 15793-40-5, 7082-21-5; (theophylline) 58-55-9, 5967-84-0, 8055-07-0, 8061-56-1, 99007-19-9; (trihexyphenidyl) 144-11-6, 52-49-3; (tubocurarine chloride) 57-94-3, 57-95-4, 8006-51-7; (yohimbine) 146-48-5, 65-19-0

COMPANY NAME: Radiochemical centre (United Kingdom); Leo (Sweden); Pharmacia (Sweden); Kabi vitrum (Sweden); Sigma (United States); Hoffmann la roche (Switzerland); Ici (United Kingdom); Merrell (United States); Schuchardt (Germany); Recip (Sweden); Boehringer ingelheim (Germany); Pfizer (United States); Draco (Sweden)

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controlled respiration (n=10; CR). Nonbaroreflex sequences were defined as >/=3 beats in which SAP and PI of the following beat changed in the opposite direction. CAB reduced the number of nonbaroreflex sequences (19. 1+/-12.3 versus 88.7+/-36.6, P<0.05), as did SB (25.3+/-11.7 versus 84.6+/-23.9, P<0.001) and atropine (11.2+/-6.8 versus 94.1+/-32.4, P<0.05). SB concomitantly increased baroreflex sensitivity (1.18+/-0. 11 versus 0.47+/-0.09 ms/mm Hg, P<0.01). SAD and CR did not significantly affect their occurrence. CONCLUSIONS: These results suggest that nonbaroreflex sequences represent the expression of an integrated, neurally mediated, feed-forward type of short-term cardiovascular regulation able to interact dynamically with the feedback mechanisms of baroreflex origin in the control of heart period.

L118 ANSWER 5 OF 73 MEDLINE
ACCESSION NUMBER: 1998321928 MEDLINE
DOCUMENT NUMBER: 98321928 PubMed ID: 9660491
TITLE: Synergistic receptor-activated calcium increases in single nonpigmented epithelial cells.
AUTHOR: Cilluffo M C; Xia S L; Farahbakhsh N A; Fain G L
CORPORATE SOURCE: Department of Physiological Science, University of California, Los Angeles 90095-1527, USA.
CONTRACT NUMBER: EY06969 (NEI)
EY07568 (NEI)
SOURCE: INVESTIGATIVE OPHTHALMOLOGY AND VISUAL SCIENCE, (1998 Jul) 39 (8) 1429-35.
Journal code: GWI; 7703701. ISSN: 0146-0404.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199807
ENTRY DATE: Entered STN: 19980723
Last Updated on STN: 19980723
Entered Medline: 19980714

AB PURPOSE: To determine whether single nonpigmented ciliary body cells contain the signaling mechanism to produce synergistic drug-activated increases in Ca2+, or whether these responses are produced cooperatively by interaction among groups of cells. METHODS: Suspensions of single nonpigmented cells were plated onto soft collagen gels. Fura-2 fluorescence ratio imaging was used to examine receptor-evoked changes in intracellular Ca2+ concentration. RESULTS: Nonpigmented cells plated on soft collagen gels retained a rounded shape with membrane evaginations visible on their surface. Application of acetylcholine (10 microM) or epinephrine (1 microM) each produced small increases in intracellular Ca2+, but in combination they produced a Ca2+ increase of more than 10-fold. This synergistic Ca2+increase was a result of activation of muscarinic and alpha2-adrenergic receptors because a specific alpha2-adrenergic agonist could substitute for epinephrine in producing the response. The response could be blocked by a specific alpha2-antagonist and a muscarinic antagonist. An alpha1-agonist could not substitute for epinephrine in producing a synergistic increase nor could the synergism be blocked by alpha1- or beta-antagonists. The Ca2+ increase was largely produced by release from internal stores, because the peak amplitude of the response was nearly the same in the external solution containing a low Ca2+ concentration; however, the influx of Ca2+ into the cell was responsible for maintenance of a steady component of the Ca2+ increase during maintained drug stimulation and for refilling the internal stores. CONCLUSIONS: Single nonpigmented cells can produce synergistic increases in Ca2+ on multiple receptor activation, indicating that the mechanism of synergism does not require the interaction of multiple cells. The Ca2+ increase is a result of release from internal stores and Ca2+ entry through an as yet undefined conductance or transport system in the plasma membrane.